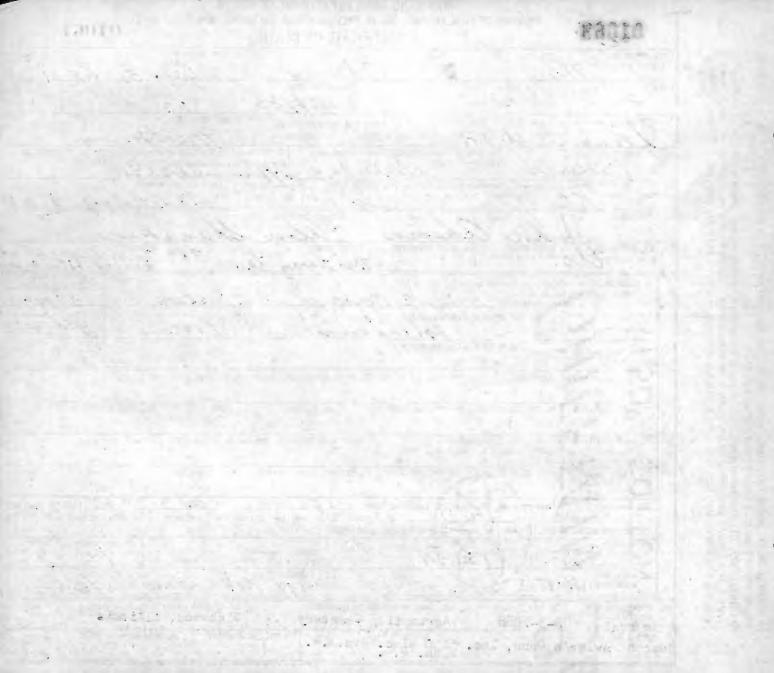
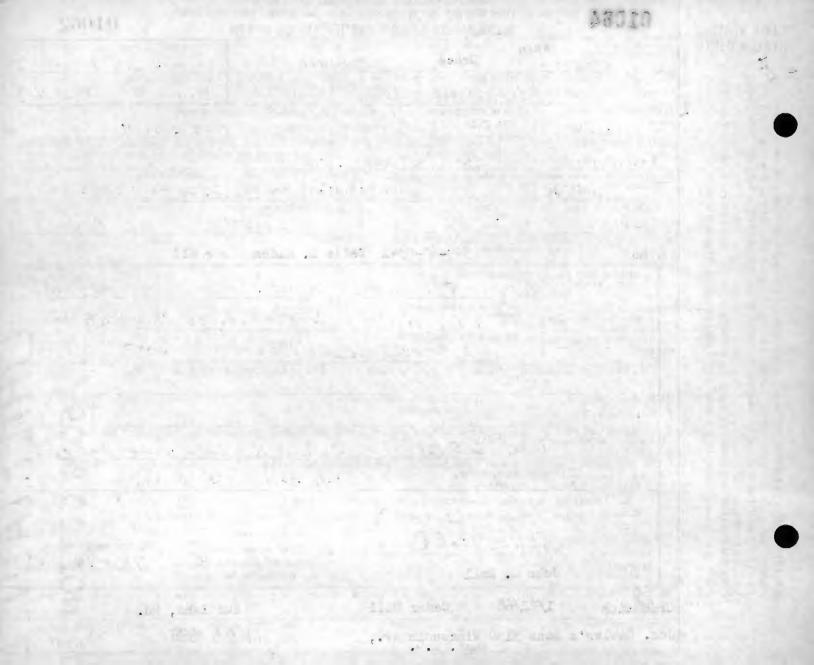
	Item 2b Film G	397 2/9/68 kk CERT	IFICATE OF DEATH	LYIMORE, MARYLAND 21201	01060
	DECEASED-NAME First (Type or print) Edwa:	Middle rd Garrison	lost Abel	20. DATE OF DEATH Month Do Jamuary 2	7 1968 1:03A
3, 1	Male	4. RACE White	S. DATE OF BIRTH 19 October	6. AGE (In years last birthday) 59 YRS.	1F UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN
7o.	BIRTHPLACE (State or foreign untry) Virginia	75. CITIZEN OF WHAT COUNTRY? 8. MA USA WID	RRIED NEVER MARRIED OWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md
10.	CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR INSTITUTION give street address) The Clinical Co	enter during	UAL OCCUPATION (Kind of work done most of working life, even if retired.) Farmer	12b. KIND OF BUSINESS OR INDUSTRY Agriculture
5 adr W	. USUAL RESIDENCE (Where decease nission) STATE est Virginia		or town is inside of pers Ferry YES	NO E RFD 2	
3 14.	FATHER'S NAME First Charles	Middle Last Abel		eanette	Tribby
160	i. WAS DECEASED EVER IN U.S. ARME Yes, np. or unknown) (If yes give wor NO	and the second		lical Records Address L Center, Bethesda	
		ane cause per line for (a), (b), and (c).) BY: E CAUSE (a) Renal Failure			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days
	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic mal	ignant melanom	а,	4 years
	rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
2	1904	DITIONS CONTRIBUTING TO DEATH BUT NOT RELA	NTED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PERFORM	ED 200. AUTOPSY? YES 🔀 NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
WEDICAL CER	ZIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (En	ster nature of injury in Part 1 or Port 2,	Item 18.)
ME	21d, INJURY OCCURRED 21e. F While Not while at work	LACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. 1	Na. City or Town	County State
1	22a. I certify that (1) (this sow the deceased ali causes stated obave,	hospital) ottended the deceosed frove on 27 January 19 6 (1) (we) (did) (Marrox) view the bady	m <u>8 January</u> , 19 8 ond thot in (my) (our) o ofter death.	68 , to 27 January, 19 pinion deoth occurred on the do	68_, that (\$\frac{1}{2}\) (we) last ond have and from the
	22b. SIGNATURE	D Cions & MD	DEGREE ATTENDING PHYS.	MED. DIRECTOR DIRECTO	Jamuary 1968
	22d. PHYSICIAN'S	D. Croft, Jr. MD	22e. ADDRESS The	e Clinical Center,	National sda.Md. 20014
	BURIAY CREMATION, 23b. D.			23d. LOCATION (City or Town)	Bua più a couta

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01061 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Lost 20. DATE OF DEATH First {Type or print} 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years lost_birthdoy) MONTHS HOURS leose remove carban papers. Par and in any event, within 72 hours 7o. BIRTHPLAKE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED U. 5A WIDOWED DIVORCED [24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120. USUAL OCCUPATION (Kind of Work done 12b KIND OF BUSINESS OR design working life, eyen if retired) give street oddress) INDUSTRY completely 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before) 13e. STREET AND NUMBER odmission) STATE 13b COUNTY NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (15 s give war or dates of service) burial, crematian, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY 20000 IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burial-transit rise to immediate couse (o). signed by 1 DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) detached for use as the te Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) P.M with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 7955
saw the deceased glive an 1968, and that in (m 19 68 that (1) . to JAN 31 1968, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an.... causes stated above, (1) (we) (did) (did-not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR director, page should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 23d. LOCATION (City or Town) (Co. Glenwood, Illinois 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Assumption Cemetery Re moval 130 Wisc. 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR Ave. N. W. Joseph Gawler's Sons, Inc. VR A15 (4) 30M REV. 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01062 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. 1. DECEASED-NAME FAnna Middle 20. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-6 05 M Grace. Grace Alden DEATH MATED and 3 4. RACE S. DATE OF BIRTH . 6. AGE (In years IF UNDER 24 HRS 3. SEX 2d. HOUR SI Sept. 25,1982 Year 1968 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED KO I and 2 with the State Dd Office along with farm WIDOWED DIVORCED | in pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street oddress during most of working life, even if retired.) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3. CITY OR TOW after death odmission) STATE Mash. DC 3840 Harrison St Washington 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Levetta den 5. KUSSELL haurs 17. INFORMANT be executed within 579-60-0341 Belle L. Alden see #13 within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Preumonia. Bronchial-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF -Fracture Hip. Left + Cerebral Thrombon 5 Mo. Conditions, if ony, which gove rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ArterioSelersis _ Cardio Vascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING 7all at Herrie Hed-stroke + Fred of High CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, Stote foctory, office building, etc.) 3840 Harrison St Washington Home 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X FUNERAL DIRECTOR: Inquiry X. ond in my opinion the funeral director. death resulted fram: Natural causes . Accident 1 Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE may be DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cremation 1/22/68 Cedar Hill Suitland, Md. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR Jos. Gawler's Sons 5130 Wisconsin Av., 5 VR A15ME (5) 10M REV. 1/68

MAKTLANU SIAIL ULPAKIMENI UF HEALIH



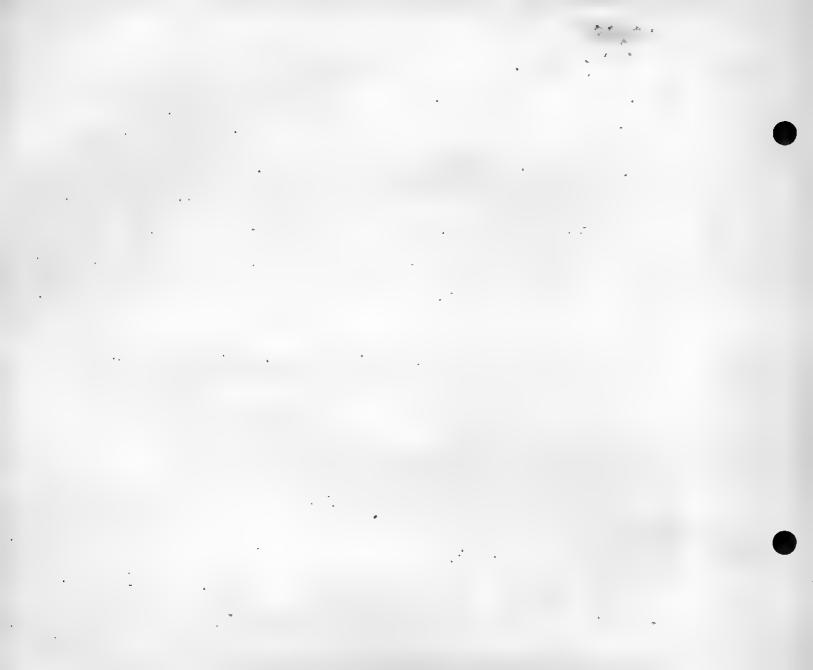
F				01065	DIVISION OF	VITAL RECORDS,		CATE OF					010	6.3
1				EASED-NAME First		Middle		Last	, , , , , , , , , , , , , , , , , , ,	2a. DATE	OF DEATH Month	Døv.	Year	2ь. нодам
- 3				Denver		Ray	A	lexande			January	21	1968	19:00 M
Tall a	1272		3. SEX		4. RACE			S. DATE OF BIR			6. AGE (In year	rs II		HOURS MIN
1	電響			Male		White		9 Febr			36	YRS.		
	To no		7a. Bli	RTHPLACE (Stote or foreign	7b. CITIZEN OF W			NEVER MARK	(IED)	9. COUNTY	OF DEATH			
7 4	d in Pers. 72 h			South Carolina	USA	The state of the s	WIDOWED	h-mark	CED 🗌		Montgo	nery		Md
.5	ely filled in by the fundamental pages. Pages within 72 hours after			Y OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR IN street address)	ISTITUTION (If r	nat in hospital	12a. USUA	L OCCUPATION	ON (Kind of work	done	12b. KIND OF B	USINESS OR
with	V Kill	16		Bethesda	The	street address) Clinical	Cente	r, NIH		edle F	actory (S	upv)	Needle Needle	Facto
patit	and campletely fremove carban any event, wit	77	13a. U edmiss SO1	SUAL RESIDENCE (Where deceosion) STATE ath Carolina	ad lived, if institut 13b. COUNTY	tion: Residence before	Saler		YES NO		street and nume rute #1	IER		
>	d co		14. FA	THER'S NAME First	Middle	Lost		S. MOTHER'S MA	IDEN NAME FI		Mic	ldle elbi		Lost
9	and and in an	3		Fulton	D.	Alexand	der		Lucy				Brook	KS.
9	physician of nen please oval, and ir			WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY		INFORMANT TE		ical F	ecordsAdd	ress		
i i	Ja, in		Ye	s, no, or unknown) (If yes give w	er or doles of service)	250-44-08	354 Th	ne Clini	ical Ce	enter.	Bethesda	. Ma	ryland	
q	ing phy Then removal			18. CAUSE OF DEATH (Enter on	y ane couse per li								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ŧ	it.			PART I. DEATH WAS CAUSED	BY: A	cute Myoca	ardial	Infarct	tion				3 Days	
-6	attendi permit. an, ar r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction 4/0 9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Arteriosclerotic Heart Disease											
÷	atio atio											2 Years		
+	on the company of the			rise to immediate couse (o), (stating the underlying couse)	(0)	AS A CONSEQUENCE OF						-		
÷	and the second			est.		Moe/III/		steinen:	perlip	oprou	einemia		36 Y	ears
	physician signed by the burial-transit p		f	PART 2. OTHER SIGNIFICANT CON						ONDITION GI	VEN IN PART 1(0)			
Į.	ong F		Z	4701										
\$	been been is the		CERTIFICATION	90. DATE OF OPERATION 19b	CONDITION FOR WI	HICH OPERATION WAS P	ERFORMED	20o. AUTO		CALL	IF YES, WERE FIND	INGS CON	SIDERED IN CER	TIFYING
2	affer has se as	1	TE					YES X	NO [CAU	SES OF DEATH?			
2	ate of a	1		210. ACCIDENT WAS UNDERLYIN				OW INJURY OCC	URRED (Enter	noture of it	ijury in Port 1 or F	art 2, Ite	m 18.)	
ZIV.	音音音		MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. P.M.		9							
OD ATTENDING DUVELCIAN. The four remittee that the death rartificate he evented within 24 hour	Page 4 mays, or strictly the hospital or attending physician the actinical or executed by the 4 mays be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplets director, page 3 should be detached far use as the burial-transit permit. Then please remove carl should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event,				PLACE OF INJURY	(AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. L	OCATION Street	t or R.F,D. No.	C	ity or Town		County	Stote
S. S.	ter the d			22a. I certify that (A) (the saw the deceased a	s haspital) att	ended the deceas	ed from2.	January	y 19_f	68 , ta,2	1 Jamiar	y 19_6	8_, that]	4) (we) las
9	A P			saw the deceased a	ive on 21 J	anuary	19 <u>68</u> , an	d that in (m	(aur) api	nian deat	n accurred an t	he date	and haur a	nd from the
	ON H			causes stated above	, (X) (we) (did)	(diamet) yiew the	bady after					no. eta	TÉ CIÓNED	
	Wit Salar			22b. SIGNATURE	0 10	VVh	8 - 000	MID ATTENDIN	G M	IED.	STAFF		TE SIGNED	
2	ed ed	1		and allowed	ing	X . DO M	en DEG	1.411.54	101	IRECTOR L	cal Cent			0 7
T.	AL Po	1		22d. PHYSICIAN'S NAME (Type) T. C. T.	00 0 00	hen, MD.					lealth, F			
a) C	INE TO THE		000	Tawren		23c. NAME O	CEMETERY OF		отопре:		TION (City or Town		(County)	(State)
ä	Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		250.	personnel to 15 l	an24. 190			emetery			le River		1	rolina
	5	- 0		UNIVERNO DIRECTOR	11124, 140	00 men	rgia A	emerery	2So. REC'D B			STRAR'S SI	ville (rownu

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	
MA	Item 6 Film G396 1/17/68 kk CERTIFICATE OF DEATH	01004
XU	DECEASED NAME First Middle Last 2a. DATE OF DEATH	2b. HQUR-
THE.	(Type or print) Russell (NoNe) Allnutt January In	1968 //4
	a not to the total	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
	o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	M
ウォ	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 12. Hetired armer	12b. KIND OF BUSINESS OR INDUSTRY
	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dmission) STATE Mary land 3b. COUNT Montgomery Gaithersoury 13d. MSIDE CITY UMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. MSIDE CITY UMITS? 10. STREET AND NUMBER 13d. MSIDE CITY UMITS? 10. STREET AND NUMBER	
19	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
1	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 117, INFORMANT 7 Widden Pata	auvall
	(66. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) (16b. SOCIAL SECURITY NO. 217-32-0190 Mr. David Allnutt Frederick.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Uremed	SETWEEN ONSET AND DEATH
1	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave (b) Nephross	(Days.
	stating the underlying couse? DUE TO, OR AS A-CONSEQUENCE OF	
	lost. (c) Bildteral Prevenous.	14 Days.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSTANCE OF DEATH? 21c. HOW INJURY OCCURRED (Finer nature of injury in Port 1 or Part 2 Item	SIDERED IN CERTIFYING
2	YES NO WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Foter nature of injury in Part 1 or Part 2 Item	10)
	G OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year	n 18.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town of wark of wark	Caunty State
	220. I certify that (I) (this haspital) attended the deceased from 1/1 1968, to 1/1/1, 196	F, that (I) (we) las
- 1	saw the deceased alive an	and hour and fram th
1	22b. SIGNATURE 22c. DAT	TE SIGNED
1	PRIO. DIRECTOR - PRIO.	-11-68
1	22d. PHYSICIAN'S NAME(Type) L. /. Lea / Caithersburg, Md.	
0	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
1	REMOVITY 1-14-68 Laytonsville, Laytonsville Mor	
58	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	SNATURE Cudge
5	Francis H. Barber Laytonsville, Md. DATE JAN 15 1968 Clar	word freezen

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]	1	MARYEAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1065
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11000
HEALTH DEPT.	I D	ECEASED NAME First Middle .ost 20 DATE KNOWN Month	Day Year 2b HOUR
~ □ (a) (b) (c)	ŕ		13 1968 440 M
And E	3 5	EX 4 RACE S DATE OF BIRTH 16. AGE (In years I F UNDER 1 YEAR 1 IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
del m		Te 10 . Tilly 26 1884 lost birtholoy) MONTHS DAYS HOURS MIN Month Day	Yeor 1968 BAM
2, and 3 PM3, representations	_	BIRTHP_ACE (Stote or foreign 75 CIT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1400 0 VW
	COUL		
E 5 E	10.7	77,	
with for	10. (11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working life even if retired) 13 ethes da 14 Name OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life even if retired) 15 ethes da 16 c 3 M 2 17/e A Ve. 17 HOUSEWIFE	126 KIND OF BUSINESS OR HNDLSTRY
	10	Bethesda give street address) Ma 17/e Ave. during most of working life even if retired) Housewife	
affe de figure	130	USLA. RESIDENCE (Where deceosed lived, it instrution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Montgerry Bathesdo YES NO 4603 Maple	A da
haurs affe Item 18. G Office alan 1and 2 with affer death	L	T	. /4
The feet of the fe	14 F	ATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	Lost
hin 24 haurs after ncil in Ifem 18. Gr niner's Office alang pages 1 and 2 with haurs after death		Menefee	
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA. SECURITY NO. 17 INFORMANT 4450 ESS LOWE	ell St. N.W.
vith armi e p	ίı	(15, no, or unknown) (If yes give war or dotes of service) 217-36-9647 Mrs. Bolitha Laws Washing	
A EX		IB CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c))	APPROXIMATE INT. EVAL
g g trad		PART I DEATH WAS CAUSED BY A COLL . Con Comment of the College of	BETWEEN ONSET AND DEATH
xec din hed per t w		1/3/11/2	
e e e pen pen sit N		Conditions, if any which gave) (b) HOUS o Fire	
Chiid y		rise to immediate cause (o), ('')	
aulo wan he he ial-1		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh a the value of		lost (t)	
INER: This certificate shauld be executed within 24 haurs after a certificate, writing the ward 'pending' in pencil in Item 18. Giverally be farwarded to the Chief Medical Examiner's Office along files. 3 should be used as a burial-transit permit, file pages land 2 with total, ar remayal, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffice and a second sec	I z	7	
wr rwr rwr nav	I	.90 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ren e	CERTIFICATION		YES NO X
fice fine a second seco	ĕ	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Itel	m 18.)
erti suld sou an,	3	PRIMARY (NOR CONTRIBUTING U HOUR A.M. JOD. 131968 House - cought on Fire.	
Sho sho	WED.	21d MUNRY OCCURRED 21e PLACE OF MURY (At home, form, street) 21f LOCAT ON Street or R.F.D. No. City or Town	County State
AM Part Part Part Part Part Part Part Part		WHILE AT WORK	Mintennily Md
JECAL EXAMINER: Le execute the certicate. Page 4 shault ned for your files. ECTOR: Page 3 shault burial, crematian,		22a certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	
Exe exe exe or for for the form			
ssary, please eruny please eruny please eruny be retained NERAL DIRECTOR	1		
et dir		ACTUAR SIGNATURE ACTUAR SIGNATURE ACTUAR SIGNATURE ACTUAR ACTU	I I dia ci Pro
TY Serend Prii		NOMINIONE TO THE PARTY OF THE P	
SSOUTH PER NEW PURPLE			13,1968
no DEPUTY SICAL EXAMINER: This certificate shauld be executed with necessary, please execute the certificate, writing the ward "pending" in per the funeral director. Page 4 shauld be farwarded to the Chief Medical Exam 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health prior to burial, cremation, or remayal, and in any event within 72.	_	ADDRESS STREET, OF TOWN, OF COUNTY) BECTIES	
5 = 5 5 H	230	BURIAL (REMATION 23b DATE 23c. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town)	(Caunty) (State)
n	C	remation 1-13-68 Ft. Lincoln Crematory, Prince George	county, Md.
Ü	24	FLNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRARS S	GNATURE
¥R A15ME (5) 10M REV, 1768	K	OBERT A. PUMPHREY, Bethesda, Maryland DATELAN 19 1968 golland	la Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01066 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME First Middle 2a. DATE OF DEATH (Type or print) Month Year 05e 220he 10:30 M 4 RACE IF LENDER 24 HRS. burial, cremotion, or removal, and in any event, within 72 hours after 3 SEX S DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR last birthday) DAYS HOURS YRS. To BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED ANEVER MARRIED Montgomery WIDOWED [DIVORCED [7] ID CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 122. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) remove corbon 13a. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. HISIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES IET NO 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle Ardizzone NMI untoinette 16g_WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. Address (Jes joo, or unknown) 578-10-1381A HUGO ARDIZZONE 800 KERWIN RO 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONITIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave a LNANITION rise to immediate cause (a), MULTIPLE DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse NEUROLOGICAL PROGRECSIVE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us be retained by the haspital ar 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from 3. A.V., 1968, ta 3.C. A.V., 1968, that (I) (we) last sow the deceased alive on 3.1. A.V., 1968, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on 31 JAM causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d TOTATION (C tv or Town (County) (State) 230 BURIAL, CREMATION, LEMETERY OCKUILLE 250. REC'D BY REGISTRAR *EUNERAL DIRECTOR* VR A 15 (4) J00 13 - DATE 30M REV. 1/68



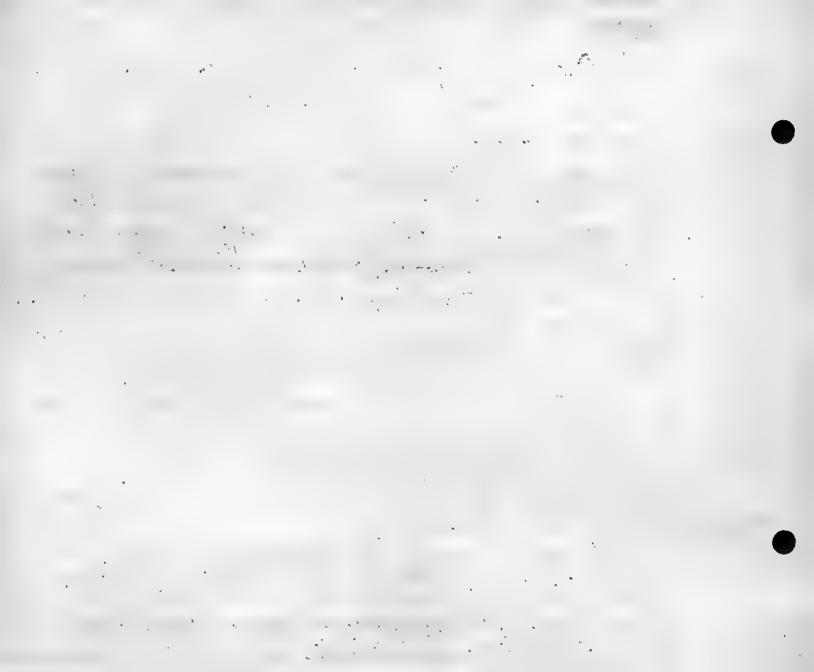
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01067 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20 DATE OF DEATH 2b. HOUR burial-tronsit permit. Them please remove carbon papers. Pages Yand 2 burial, cremation, or removal, and in any event, within 72 hours after death D (Type or print) Month Dov 3. SEX 6 AGE (lg years IF LINDER YEAR IF UNDER 24 HRS #e# last by hooy) DAYS HOURS MUNTHS I Web. 23.1869 YR5 requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Marriland _⊆ I'S Montgomery WIDOWED DIVORCED [filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito! 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR and completely fill remove carbon ; give street address INDUSTRY ewife during most of working life, even if retired) 'nirland Nurging Home 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Domission STATE Ttem# 10 YES 🗔 NO [2101 irland Road. omerv 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Last Middle puo Unknown Unknown please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) Montgomery Co. Welfare -Dockville, Md. APPROXIMATE INTERVAL signed by the ottending burial-tronsit permit. Th 1B. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c)) BETWEEN ONSET AND DEAT PART 1, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10-THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o' has been 4 moy be retained by the haspital or attending be detached for use as the State Dept. of Health priar to 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [NO 🔀 O FUNERAL DIRECTOR: After this certificate 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTR BUTING TO CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While | hot while ot work L ot work 22a. I certify that (1) [this haspital) attended the deceased from_ saw the deceased alive_an. and that in (my) cour) opinion death occurred an the date and hour and from the director, page 3 should Should be filed with the causes stoted oboxe (1) [we) (did not) view the bady ofter death 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS John R. Spencer NAME (Type) BURTOWSVILL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) PEMOVAL (Specify) 1/5/67 Potomac Church Cem. Potomac. Maryland 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home = 1331 30M REV 1/68 Pockville. **d

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01065 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month 12:50.4 ARR IF JNDER 1 YEAR S. DATE OF BIRTH IF JNDER 24 HRS. 3. SEX 4 RACE 6. AGE (In years last birthday) MONTHS HOURS WHITE 7-31-YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) OHIO MONTGOMERI WIDOWED [DIVORCED [7] paper 24 and campletely filled signed by the attending physician and campletely filler burial-transit permit. Then please remove carban pap burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Rando PAHILS NOT 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of working life, even if retired) WHEATON 4011 Randolph Rd. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before. 13c CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed 3d INSIDE CITY LIM TS? 136 COUNTY PINCE Georges LAUREL admission) STATE YES K 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle EURGE DARR. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Ill yes give war or dates of service) Yes, no, or unknown) 786 99938A attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 2000 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF erio sclerosis Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART, 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, JAPART T(a) directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to has been 19a. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 156 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATHS NO DO YES [4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY OR CONTRIBLTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M (of HOME, FARM, STREET, FACTORY.) 23f LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from.... saw the deceased alive an-1942, and that in (my) (aur) apinian death occurred on the date and have and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22d PHYSICIAN S 22e, ADDRESS NAME (Type 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Lincoln Cemetery Prince George Maryland 256. REGISTRARS SIGNATURE VR A15 (4) 30M REV, 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01072 01020 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b. COUNTY Maryland Montgomery Montgomerv MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Bethesda vears Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? 5610 Southwick Street 5610 Southwick Street NO K The law requires that the deoth certificate be executed within 3. NAME OF Middle 4 DATE Year DECEASED OF DOROTHY BASHWINER Ε. Jan. 14, 19 68 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Mar. 20.1883 Female and in any Cauc. WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife **COUNTRY?** INDUSTRY Wisconsin U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Darwin C. Pavey Mary E. Kellogg 15 WAS DECEASED EVER IN U.S. ARMICU TORCES (Yes, no, or unknown) (If yes give wor or dotes of service) 223-10-0610) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Daughter Address Same as Item 2. Doris O. Haight cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) **ONSET AND DEATH** PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Cerebrel asteriorder Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** for use os the t Heolth prior to b stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X HOW INJURY OCCURRED (Enter nature of murry in Part 1 or Part 1) of item 18 Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour To.m. foctory, street, office bldg., etc.) Not While ot work ot work 1968, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram 10-1 , 1962, ta 196 27, and that death accurred at 1/1 5 35 M, fram causes and an the date stated above DIRECTOR: saw the deleased alive an 220 SIGNATURE MED DIRECTOR M.D. PHYS director, page 3 should be filed a 9613 Wadsworth Drive 22d. ADDRESS KONALDW. BARR, ME TO FUNIRAL Bethesda, Mary Land 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAL ON (City or Town) 23b DATE THEREOF (County) (Stote) 230 BURIAL, CREMATION Burial Specify) 1-17-68 Parklawn Cemetery Rockville, Maryland 250. REC'D BY REGISTRAR FUNERA, DIRECTOR VR A15 (4) ~ 25M 1/67 PUMPHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01071 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgomerv MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate imits, write RURAL and give nearest town) write RURAL and give nearest lawn)
Bethesda YEARS Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 8611 Hartsdale Ave. Hartsdale Ave YES NO 🔀 8611 carban 3. NAME OF 4 DATE Middle Month Doy Year DECEASED EDF/ARD GEORGE Jan. (Type or pant) BATTY DEATH S. SEX Male 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** B DATE OF BIRTH 9. AGE (In years 7 In years IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours White May 10.1896 and in any WIDOWED XXXXX DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Ohio S. Engineer Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Edwin 6. Batty Edith Holbrook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dates af service) Same as Item 2. Hazel F. Batty cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(o) NO 🖂 O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20c. TIME OF N.JRY Month, Doy, Year 20d INIURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (C+*y or town) (State) (County) factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram 14 usurt, 1965, to January, 1968, that (1) (we) last saw the deceased ralive an 1968, and that death occurred at 520AM, from couses and an the date stated above. Landy, 1968, that (1) (we) last 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR director, page 22d. ADDRESS 22c. PHYSICIAN'S Bethesda PASSES MD HARTSDALE AVE NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION Bremation 1-2-68 Cedar Hill Crematory Suitland, Maryland 25g. RECD BY REGISTRAR 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01074 0.1072 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Lost Manth (Type or print) Jeffrey William Beach signed by the attending physician and campletely filled in by the funery burial-transit permit. Then please remave carban papers. Pages Landburial, cremation, or remaval, and in any event, within 72 haurs after dea January requires that the death certificate be executed within 24 hours after the IF LINDER 1 YEAR IF LINGER 24 HRS. 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years lost birthday) Male White 24 June 1956 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Pennsylvania USA WIDOWED [DIVORCED [Montgomery IO. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 125 KIND OF BUSINESS OR The Clinical Center, NIH during most of warking life, even if retired.)
Student INDUSTRY Bethesda 13a USJA: RESIDENCE (Where deceased lived, if institution. Residence before, 13c CITY OR TOWN admission). STATE Pennsylvania. 13b. COUNTY —— Landisvil 13d. INSIDE CITY , MITS? 13e STREET AND NUMBER YES TE NO 197 Cooper Avenue Landisville 14 FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First Middle. William H. Beach Doris Mowery 17. INFORMANT The Medical Records Address 16b. SOCIAL SECURITY NO. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? I (If yes give war or dates of service) Yes, no, of poknown) The Clinical Center, Bethesda, Maryland 2001 None 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure BETWEEN ORSET AND DEATH 24 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Septicemia (Gram Negative) 48 hours nse ta 'mmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health priar ta burial, creases stating the underlying cause () Acute Lymphocytic Leukemia 6 vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES X NO [Yes 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical exominer) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22c. DATE SIGNED 226 SIGNATURE MED. DIRECTOR STAFF PHYS. MT) DEGREE PHYS 31 January 1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health Bethesda Maryland Arthur S. Levine, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a BURIAL, CREMATION BENOVA (Sed. (A) MennoniteCemetery Landisville, Penna. 2-3-68 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ROBERT A. PUMPHREY, Bethesda, Maryland DATE FEB 30M REV, 1/68



1	0107) IV	CERTIFICATE OF DEATH O10'73								
€ 6K±	1. DECEASED-NAME (Type or print)	First HARRY		Middle LESL 1E		last BEALI	20	. DATE OF DEA	TH Qov		2b. HOUR
offer death.	3. SEX MALE		RACE		,	S DATE OF BIR	TH		AGE (In years set birthday)	1952 IF UNDER 1 YEAR MONTHS DAYS	F 16 : 25/ IF UNDER 24 HRS HOURS MIN
hours hours	70 BIRTHPLACE (Stote country)		CITIZEN OF WHAT C		B MARRIED WIDOWED	X NEVER MARRI	9. CC	MONTG		l	<u> </u>
Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial-crematican, are movel, and in any event, within 72	OLNEY	DEATH	give street Mont	GOMERY G	ENERA	L	during most a	working life,	d of work done even if retired.) e nurse	12b. KIND OF INDUSTRY	BUSINESS OR
ate be executed with cian and campletely flesse remove carban and in ony event, with	130. USUAL RESIDENCE admission) STATE MA	RYLAND	Bb. COUNTY MONTG	OMERY		scus	AEZ NO []		AND NUMBER	g Road	
ate be exection and college remo	14. FATHER'S NAME	First WILLIAM	M.ddle	last BEALL		S. MOTHER'S MAII		GINIA	Middle 	1	Lost WATKIN:
physican of pleose ovol, and it	16a WAS DECEASED EV Yes, no, or unknown NO		deceleration and	. SOCIAL SECURITY N 7-14-287		MEDICAL	LRECORD	DEPT.	Address Montgo	MERY GE	
nding physinit. Then play removel,	18 CAUSE OF DI PART I. DEA	ATH (Enter only one IH WAS CAUSED BY- IMMEDIATE CA	1	(0), (b) and (c).3	Roid	aful.	rister			APPROX. BETWEEN	MATE INTERVAL NISET AND DEATH
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physician. signed by the burial-tronsit burial (remail	stating the under	rlying cause	DUE TO, OR AS A		· · · · · · · · · · · · · · · · · · ·		()			1	
daw requires ading physic been signed the burial or to burial.	1 ' 7	GNIFICANT CONDITION	with L	14.	1	noehou	١٨١ لاياند	wa,	W. m	gun)	
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rsician: ospitol or certificate hed for unit. of Heod	ਤ □ or contributing (lit either, notify ।	CAUSE OF DEATH	PM	anth Day Yeor					Port 1 ar Part 2,	J	
G PHYSIC the hospi r this certi detoched de Dept. o	While Not w	rk		OME, FARM, STREET, FACT CE BUILDING, ETC		OCATION Street	18	City or 1	5	County	State
ATENDING PHYS stoined by the host stoined by the host stoold be detoched in the Stote Dept.		that (I) (this ho deceased alive tated obove, (I)	/ / /	1 10		id that in (my deoth.) (aur) apiniar		red an the do		(I) (we) la ond from th
O HOSPITAL OR ATTER Poge 4 moy be retoined O FUNERAL DIRECTOR: director, poge 3 should	22b. SIGNATURE	6	MA	ar		ATTENDING	DIRECT	OR ST	AFF 22c	DATE SIGNED	8
SPITAL OF TERAL DIRECTOR OF, Page of be filed	22d. PHYSICIAN'S NAME (Type)	C. H. L	.1GON, M.	D.(22e. ADDR MED	ESS DICAL CE	NTER,	SANDY SP	RING, M	0.
O HOSPITAL (Poge 4 moy b O FUNERAL D director, page	23a. BURIAL, CREMATIC REMOVAL (Specify		5,1968	23c. NAME OF C		Meth.			iry or Town) ingsvil	(Caunty) le, Md.	(State)
VR A15 (1)	24. FUNERAL DIRECTOR Olin I	. Molesw		ADDRESS amascus	, Md.		DATE JAN	GISTBAR 198	8 REGISTANCE	SIGNATURE	-

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01076 01074 CERTIFICATE OF DEATH Middle 1. DECEASED NAME 20 DATE OF DEATH 25 HOUR First law requires that the death certificate be executed within 24-hours after death. - Month (Type or print) Alice 1968 hoebe Jan 9A . N 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS O temale 76 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country), U. S. WIDOWED X Montgomery Michigan DIVORCED I filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR q ve street address) during mast of working life, even if ret red) Chase Home carbod Bethesda - Silver Sprinz HOUSEW. PE 13a CSUAN RESIDENCE (Where deceased lived, if institution: Residence before admission) YOLK 13b. COUNTY 3d INSIDE CITY LIM TS? NO YES pleose remove www.kake 116 Westlake Road 14. FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle last William Mary Kelsey Esh 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 3685 Old Lades Highway Yes, na. ar unknawn) (If yes give war or dates of service) John Beall (Son) Fairfax, Virginia 22030 none 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 19g. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 1964, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE M D DEGREE ATTENDING PHYS. DIRECTOR bould be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BUR AL, CREMATION, (County) (State) REMOVAL (Specify) Bladensburg, P.G. Co., 1/4/68 Fort Lincoln Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Joseph Gawler's Sons, Inc., Washington, D.C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH 01077 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.1025 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH DECEASED-NAME First Middle 2b HOUR (Type or print) JOHN Т. Month papers. Pages I after hin 72 haurs after deat BEAN JAN. 4 RACE S. DATE OF BIRTH 6. AGE (In years E LINDER I YEAR IE UNDER 24 HRS 3. SEX requires that the death certificate be executed within 24 haurs after last birthday) MONTHS HOURS MALE WHITE SEPT. 3, 1889 YRS. 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED campletely filled in MARYLAND WIDOWEDX DIVORCED [7] MONTGOMERY U.S.A. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR RETIRED MINER COAL MINES give street address ROCKVILLE 4710 IRIS 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? 13b. COUNTY NO ECKHART remaye detached far use as the burial-transit permit. Then please rema te Dept. of Health prior ta burial, cremation, or remaval, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last and MARK BEAN UNKNOWN 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 4710 IRES ST. Yes, no, ar unknown) MRS. MARTHA JACKSON, ROCKVILLE, MD. 214-01-6720A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. **D FUNERAL DIRECTOR**: After this certificate has been signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES | HIS [T] 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive an 1968, and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated abave, (I) (wey (did) (did nat) view the bady after death 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR director, page shauld be filed 22d PHYSICIAN S NAME (Type) 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State) 23a BUR AL, CREMATION BURLAT (Specify) ECKHART, MD. ECKHART CEMETERY 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milanela DATE JAN JOSEPH R. DURST, SR., FROSTBURG, MD. 21532



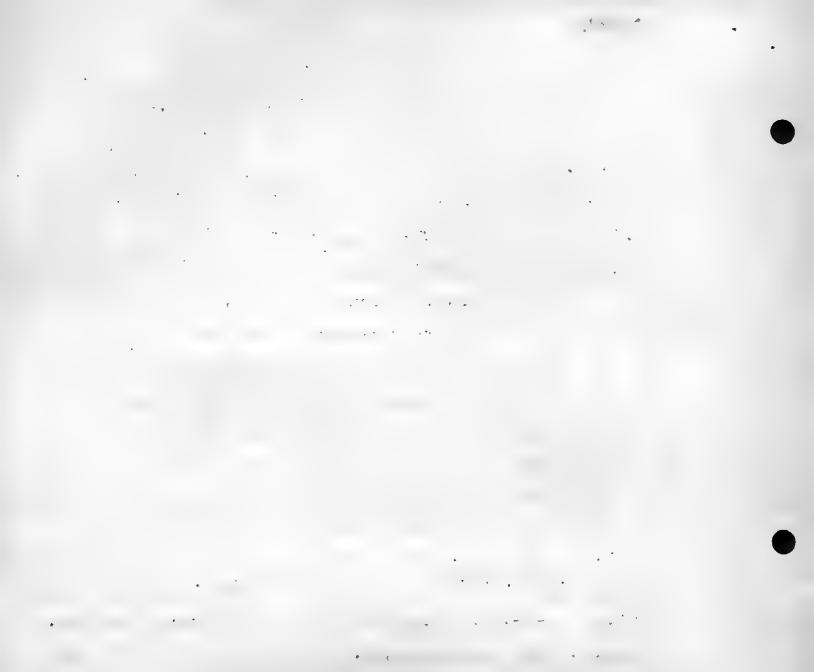


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MONIGOMERY Gomer MARYLAND b. CITY OR TOWN (if outside corporate) mils, c. CITY OR TOWN Af outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerast NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF M ddle 4. DATE Day Month DECEASED OF DEATH 6 (Type or print) 19 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BRIH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Months Devs Hours WIDOWED To DIVORCED IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Stelle, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lufe, even if retired) NZAW 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | [[fyesgive wer or detes of service NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) geve rise to Immediate cause DUE TO (e), stetling the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO I noschron 200. ACCIDENT WAS UNDER, YING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While White Hour a.m. at work at work p.m. .19.6. and that death occurred a 2.30.1M, from the causes and on the date stated above. saw the deceased alive on...... 20. 22b. DATE 22e. SIGNATURE ATTENDING MAPD SIGNED DIRECTOR PHYS. PHYS. FUNERAL 10, 20351 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4-8500 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. (Slate) 0 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4) 3603 15M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH	
	01080 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2
,	CERTIFICATE OF DEATH)
4 -24	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
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Te Personal	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Poges urs aff	Female W 12/19/15 - last hirthday) MONTHS DAYS	DOURS MIN
Hours after death	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- X = X =	WIDOWED DIVORCED Montgomery	М
ond completely fille in remove carbon paper n any event, within 72	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if repred) 12b KIND OF E 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if repred) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if repred)	BUSINESS OR
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ecuted w complete ove corb	130 USUAL RESIDENCE (Where deceased leved, if institution Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 7	
ecut com ove y ev	1110th Markahung Ct 21	
ate be exercion and college remo	14 FATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
ate be ician c lease and ir	(asper Dottlefrand Village Donith	
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (19 yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
eoth certific anding physi mit. Then p or removol,	NO HOSPITAL NECOTOS	LATE INTERVAL
ing the contract of the contra	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I, DEATH WAS CAUSED BY:	ISET AND DEATH
deoi tend mit.	IMMEDIATE (AUSE (a) Myocardial infarction - recent, remote	
he the per	Conditions, if any, which gove	
at 1 ns.t	nise to immed ate cause (a), (b) Coronary arterioscierosis with occlusion	
t se to	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the deoth ce physicion. signed by the attending buriol-transit permit. The burial, cremation, or rem	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
o br	W-10	
dw ndin bee th ior t	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CE	RTIFYING
The law r attending e has been use os the solfth prior to	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CEI YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIALY. 2216 HOW INITIALY OCCURRED. (Finer nature of injury in Port 3 or Port 2 Item 18.)	
ICIAN pital of rificat d for of Hee	Tok contributing Cause of DEATH HOUR A.M. Month Day Year [If either, notify medical examiner] P.M. 19 21d Main P.Y. OCCURRED 21e PLACE OF INJURY AT HOME FARM STREET FACTORY.) 21f IOCATION Street or R.E.D. No. Gity or Town. County	
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JING PHYS by the hos frer this ce be detoche State Dept.	While Not while at work at work	
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ATTENDIN etoined by CTOR: Afte should be	226 SIGNATURE 2 / / C 2/ / We folia) (did not) view the body diter dedth.	
OR / OB re re DIREC	Solution of few ty Degree Phys. Director Directo	910
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ERA BE	NAME (Type) DeWitt E. DeLawter Bethesda, Md.	
O HOSPITAL OR ATTENDING Poge 4 may be retained by O FUNERAL DIRECTOR: After director, poge 3 should be should be filed with the Stat	230. BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
5 5 5 5 4 1	Buya and I-11-68 Clarksburg Clarksburg Mont Me	de
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 2SQ REGISTRAR 2SD REGISTRAR'S SIGNATURE	
30M REV 1/68	Francis H. Barber Laytonsville, Md. DAN II 1968 gclowley Judge	e. :



				MARYLAND STATE DEPARTMENT OF HEALTH	
1	The A	Γ		01081 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	Tonarol I one		(1	(ype or print) NETAH Marie BENNETT JANUARY 27 68 920	91
	5-6		3. SE	X 14 RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 14 AR IF UNDER 24	
	v the Pages			Female White 3-25-1886 less highday) RRS. MONTHS DAYS HOURS	MIN
	aura by Pour		7a E	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the tomeral detacthed far use as the burial-transit permit. Then please remave carban papers Pages I and the Dept at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death		10. C	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 1326, KIND OF BUSINESS OF	2
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	ecuf cam ave y ev	1		Maryland Montgomery Dethesda 7705 Davaman Dive	
	and rem		14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Johanna W. Kessler	
	e be		14	Milard Ticer Johanna W. Kessler WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY ND 17 INFORMANT Address	_
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	rem			18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c)) PART 1, DEATH WAS CAUSED BY	H
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	N: 1 ar ar onte l r us			2) a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	_
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	the this this details of the De			at work at work	
	by the free be constant			22a. I certify that (1) (this haspital) attended the deceased fram 1965, that (1) (we) saw the deceased alive an 1665, and that in(m)) (aur) apinian death accurred an the date and haur and fram	las
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	TTO It of the transfer of the			226 DATE SIGNATURE	
	PE G			ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.	1
	AL (A) by	1		22d. PHYSICIAN'S NAME (Type) SERE J. PAUM 22e. ADDRESS	1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept af Health priar ta burial, crea			NAME (Type) SEPE J. SHUM 4977 Extless Lane Bethel	-
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	5 5 5 E			REMOVALISpecify) 1-31-1968 Glenwood Cemetery Washington, D.C.	
		1	24.	FUNERAL DIRECTOR awler's Sons, Inc. 51300 wisc Ave . N.W. 250. RECD BY REGISTRAR SIGNATURE DATEFEB 5 1968	
	VR A15 (4) 30M REV, 17	68	Ι '	oseph awter s bons, the wash. D.C. DATEEB 5 1968	



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	3. SE	X	е	4 RACE			S. DATE OF BIRTH		6.	AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
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7	14. F	ATHER'S NAME	First	Middle	Last		MOTHER S MAIDEN			Middle		Lost
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	16a. Y	WAS DECEASED EV	ER IN U.S. ARN	IED FORCES? or or dates of service)	16b. SOCIAL SECURI		NFORMANT	~		Address		
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		18. CAUSE OF DI	EATH (Enter onl TH WAS CAUSED	y one cause per l	line far (a), (b), and	(c).)		where o	1.5.	- 4	BETWEEN OF	2412
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		Conditions, if any	, which gave)		AS A CONSEQUENCE	OF						
		rise to immediate stating the unde	re cause (o),{	(b) DUE TO, OR	AS A CONSEQUENCE	OF						
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		PART 2. OTHER SI	ign!Ficant con	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	ON GIVEN IN	PART 1(a)		
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	MED	21d INJURY OCCU	IRRED 21a	PLACE OF INJURY			CATION Street or R	F.D. No.	City or	Town	County	Stote
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		22b SI NATURE	(1)	1	Par In		ATTENDING	₩ED		TAFF 220	DATE SIGNED	Phone.
		Jam	20 G	MAN	1/1/1/	DEGR	EE PHYS	DIRECTO	R L P	HŶS. L	111016	8
		22d. PHYSICIAN'S NAME (Type)	Jar	nes P.	Kerr. Id		22e. ADDRESS Damas	cus. Ad	l			
	220	BURIAL, CREMATIC				OF CEMETERY OR				City or Town)	(County)	(state)
	230	REMOVAL (Specify	7 230.1	1_17_60			osalium	- 1	air Vi			J.
	24	FUNERAL DIRECTOR	Ernact	C Cart		nersbur		REC'D BY REGI		25b REGISTRAR		7
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MARYLAND STATE DEPARTMENT OF HEALTH 01083 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01081 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death hoors after death (Type or print) Month BRIAN 46 Bielsk 4 RACE 3 SEX S DATE OF BIRTH 6. AGE (In years IF HNDER I YEAR DAYS HOURS lost birthday) hours att White Z 6,196X YRS ENVEY 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) MONTGomer WIDOWED TO DIVORCED [burial, cremation, ar remaval, and in any event, within 72 Mariland 24 en **please** remave carban paper campletely filled ID CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done give street oddress) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 128. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM-35? 13e STREET AND NUMBER 12616 Milburn YES Tod NO F lan Mari 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First M.'ddle and Last B_{ι} 2 pan Manley physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND CEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the ball 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES [NO | detached far use te Dept. af Health Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of mury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) director, page 3 should be detache should be filed with the State Dept. (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1/2 saw the deceased alive on 1/2 / 1960, and that in (19.68 to 1/2 1966, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY
Gate of Heaven Cemetery 236 LOCATION (City or Town) 23b DATE 230 BURIAL, CREMATION (County) 1/31/68 Silver Spring, Md. BARMOVA (Specify) 6839. REQUIRARS SURVATURE 250. RECD BY REGISTRAR 19 **ADDRESS** 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home 1331 Rock Pike 30M REV 1/68 -



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	/		ARYLAND STATE DEPARTMENT OF H		
		DIVISION OF VITAL F	RECORDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	4000
1		01085	CERTIFICATE OF DEATH	U	1083
4 -243			liddle Last	2a DATE OF DEATH	2b. HOUR
deoth deoth	(ype or print) Berlin G.	BRANN.	January 20	Year 6PM
The standing	3. 5		S. DATE OF BIRTH	6. AGE (In years	FUNDER I YEAR 1F JNDER 24 HRS.
3 2 3 3		Male WhiTe	1/6/1881	last birthday) YRS.	ONTHS DAYS HOURS MIN.
hours hours	7a	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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Se se mi cet	dom	STATE MARYland 136 COUNTY menigo	meri Cobin John YES X NO	7904 Wood	row Place
exe emo	14	ATHER S NAME First Middle	Lost 15. MOTHER'S MAIDEN NAME F	irst Middie	Lost
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phy en power		No Yes	Ralph 7. Sprine	omann Cabin John,	1'1d.
en Han		18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:	(b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t deoth		IMMEDIATE CAUSE (a)/// &_	-1 nu / R 1/10m		months
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the sit p	ı	Conditions, if any, which gave its immediate cause (a). (b) Gene		osclerosis.	URS.
trar crei	П	stating the underlying couse DUE TO, OR AS A CONSE	QUENCE OF		
equires physici signad burial-l buriol,	L	lost. 4500 (t)			<u> </u>
Pha sig	L	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERMINAL DISEASE ORG	1/	- m -
ding ding the the	Š	CAYONIC PELIMONO		d Inaclive	/ BC
Series B	3	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERA	,	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFTING
ATTENDING PHYSICIAN: The low requires that the death certificate be executed etained by the hospitol or attending physician. CTOR: After this certificate has been signed by the ottending physician and comples should be detached for use as the burial-transit permit. Then please remove can with the State Dept. of Health prior to burial, cremation, or removal, and in any event if he are seed to be a state of the state o	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		r nature of injury in Part 1 or Part 2, Itel	- 103
JAN of of of of ficot for He		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month	Day Year	r nature at injuty in Part 1 or Part 2, itel	ш 10.ј
SIC Spit spit eerrii eed t. of	MEDICAL	(If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FA	19 1985 FATTORY 316 LOCATION CARRA OF D. D. NO.	. City or Town	County State
PHY he ho this c detach e Depi	-	11111	ARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	. City of Town	COULTY STOLE
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Aft Park	ı	saw the deceased alive an/	1962, and that in (my) (our) opi	nian death occurred on the date	and haur and from the
The second secon		causes stated above, (I) (we) (did) (did not)	view the bady ofter death.		
Marie Paragram		22b. SIGNATURE	ATTENDING FOR M	MED. STAFF 22c DA	TE SIGNED
Die Se		It I denae	DEGREE PHYS D	IRECTOR PHYS.	10/68
ITAI may tAI Po Po fi		22d. PHYSICIAN'S NAME (Type) OT Rena	22e. ADDRESS	die no 12	VILLANTEN VAL
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certify Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending phydinector, page 3 should be detached for use as the burial-transit permit. Then should be filled with the State Dept. of Health prior to burial, cremotion, or remova	-	1111001111		TO DE DE	Drewing MIL
Short Short	230	BEHOVAL (C	NAME OF CEMETERY OR CREMATORY		(County) (State)
5 5 5 5 d	70		Port Lincoln Crematory APPRESS 20 1250, RECO B	Prince George C. Y REGISTRAR 25b. REGISTRAR S SH	o., Ald.
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	Va	ther C. Fumbrieu. Inc. Al	HER Spring Md DATE MIX	0 0 1000	0 0



MARYLAND STATE DEPARTMENT OF HEALTH



		DI	VISION OF V	/ITAL RECORDS,	301 W. PRES	TON STREET, BA	LTIMORE, MA	RYLAND 21201		
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ate be executed within strian and campletely fille lease remave carban parand in any event, within		John Brewer					inia Ru			
ficate b ysician please il, and i	Yes	VAS DECEASED EVER IN U.S. ARMED (In o. or unknown) (If yes give war or		165. SOCIAL SECURITY 577-10-81		EU ()				St.
that the death certifi an. by the attending phy transit permit. Then crematian, ar remava		No				rles A.	brewer	Rocky		TE INTERVAL
ie death ce attending permit. The	ין	B. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	ne couse per line	for (a), (b), and (c)	000	24				ET AND DEATH
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quires th physician. signed by burial-trai		PART 2. OTHER SIGNIFICANT CONDITI	177			TEDMINAL DISEASE	DECONDITION GIV	EN IN PARE 1(0)	- 1	100
require g physi n signe e buria o burial	1 1	1 June Storm Conference	Cales	Sareina	no Jun	B verase	and on	Pelruit	cus + no	alevella
law ndin bee s th iar t	No.	9a. DATE OF OPERATION 196-COM		HOPERATION WAS PE		20o. AUTOPSY?		F YES, WERE FINDING	S CONSIDERED IN CEL	TIFYING
AN: The law al ar aftendir icate has bee for use as th Health priar t	CERTIFICATION	Bale C	en love.	Ten - Jun	1167	YES NO	CAUSE	S OF DEATH?		
Ar. ar are r us		To. ACCIDENT WAS UNDERLYING			21c. HOW I	NJURY OCCURRED (E	nter noture of inju	iry in Port 1 or Port	2, Item 18.)	
YSICIAN: aspital ar certificate hed far u		OR CONTRIBUTING CAUSE OF DEATH	HONR A.M.	Month Day Year	9					
		21d. INJJRY OCCURRED 21a. PLA	CE OF INJURY			ON Street or R.F.D.	No. City	or Tawn	County	State
DING PHYS by the has ther this ce be detache State Dept.	0	t work — at work —	1					0	1 1010	c
ING by t ffer ffer be o	1 2	22a. I certify that (1) (this h saw the deceased alive causes stated abave, (1	aspital atter	nded the deceas	ed fram	960 , 19	, to	Musery.	12,9hdf	i) (we) l ast
END led A: A		saw the deceased alive	on / (did) (did not view the	19 <u>60</u> , and th	at in (my) (our) :	ppinian death	accurred and the	date and havr a	nd fram the
ATT ATT Short The short th	1 7	2b SIGNATURE	pre) (ulu) (r .	oddy dilet dedi				2c. DATE SIGNED	
AL OR ATTEN y be retained L DIRECTOR: A age 3 should filed with the		Med.	Lineth	eccent ?	₹ S DEGREE	ATTENDING PHYS	MED.	STAFF PHYS	1/6/65	
ral o nay be AL Dii page e filed	2	2d. PHYSICIAN S	4 ()			22e. ADDRESS			57 -1	
ERAI d be	1 1	NAME (Type)	4 617	FHICO	177	1105.	Warken	/	Moskerel	, Med,
O HOSPITAL OR ATTENDING PHI Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep	23a 9	BURIAL, CREMATION 23b. DATE			CEMETERY OR CRE		23d LOCAT	ON (City or Town)	(County)	(State)
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VR A15 (4) 30M REV 1/68	24 R	UNERAL DIRECTOR BERT A. PUMPH	IREY F	address Bethesda	Maral		D BY REGISTRAR	2Sb REGISTRA		
30M REV 1/68	100	District to I Offit I			,	DATE A	11 19	38 pelis	res judg	Co.

MARYLAND STATE DEPARTMENT OF HEALTH



1		01083	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
•			(CERTIFICATE OF DEATH		01086
att.		CEASED NAME First lype or print)	Middle	Lost }	2o. DATE OF DEATH Month	Doy Yeor 25 HOUR
2 3	3. SI	Carpi	T4. RACE	S. DATE OF BIRTH,	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
20 52		F	(0	5/5/189	J lost birthdoy)	RS. MONTHS DAYS HOURS MIN.
State Dept. at Hearn priar ta buriat, cremanian, at removu, una in any eveni, within 72 mais.	7a.	BIRTHPLACE (Stote or foreign intry)	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	01
	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 USU	AL OCCUPATION (Kind of work do	ne 126 KIND OF BUSINESS OR
	1	heaton, Md.	give street oddress) University	nursing Home 1)	ost of working life, even if retired	d) INDUSTRY
4		USUAL RESIDENCE (Where deceose ission) STATE	ed lived, if institution. Residence before 13b COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY IN U.S. I. S. INSIDE CITY IN YES \ N	130 STREET AND NUMBER 0□ 916 Quenc	St. N.W.
1 2000 E	14	ATHER'S NAME FIRST	Middle Rol	IS MOTHER'S MAIDEN NAME	First Middle	Lost
		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	<i>/ V</i>
		es, na, or unknown) (Il yes give w	or or dates of service) 579-140-	1123 Kosp. Record	<u> </u>	
		PART 1. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c) BY:	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	1	0 -7 IMMEDIA	TE CAUSE (o) DIA DET PS DUE TO, OR AS A CONSEQUENCE OF			
	1	Conditions, if ony, which gove) rise to immediate couse (o), ((b) Gangken			
	L	stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
	L	-	(C)	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
	₹	260X				
1	E.CATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY? YES NO >	CAUSES OF DEATHS	GS CONSIDERED IN CERTIFYING
	3	210. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Ente		2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH	ner) P.M. 1	9		Co
	1	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21f LOCATION Street or R.F.D. No.	city or Town	County State
	П	22a. I certify that (I) (the	s hospital) attended the deceas	ed fram	61,10 1/3	19 <u>台</u> 太 , that (I) (we) las
		saw the deceased a causes stated above	live an (did) (did not) view the	19 <u>52</u> , and that in (my) (our) ap bady after death.	inian death accurred an the	date and hour and fram the
		226 SIGNATURE	Ilan.	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED
	1	22d PHYSICIAN S		22e ADDRESS		WHEATUN
٨		NAME (Type) WAL	1EK 6-6024		TOREFIELD R	V MD
X	230	REMOVAL (Specify) 23b. I		COLN MCM	507TLAN	(County) (Stole)
and the same of th	24	EUNERAL DIRECTOR	ADDRESS		REGISTRAR 256 REGISTR	AR'S SIGNATURE
4.20	The second	The same of the sa	week / Xem 1 () 1	/ / I Property of the Control of the		- V V

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01089 01087 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED NAME First 2b HOUR death. (Type or print) Month OROTHE COSIUS IF JNDER 24 HPS **DEUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the **star** director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR 3. SEX after last birthday) DAYS HOURS 10-1-03 YRS requires that the death certificate be executed within 24 hours 7b. CITIZEN-OF WHAT COUNTRYS 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED country DIVORCED [WIDOWED nontromen 120. USUAL OCCUPATION Word of work done 10. CLTY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OR give street-address during most of working life, even if retired. INDUSTRY 13c. CUTY OR TOWN 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13H INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY NO. Daithershur Dignodd marsland IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME 17. INFORMANT 160. WAS DECFASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Address Yes, no. or unknown) (If yes give war or dates at service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Bronchopneumonia, massive, bilateral, with abscess formation APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Musica rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEMH? 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES 📆 NO [Page 4 moy be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Item 18) DR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from... saw the deceased alive onand that in (my) (our) opinion death occupied on the date and hour and from the couses stated above, (1) (we) (did) (gid not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING DEGREE** PHYS DIRECTOR 22d. PRYSICIAN'S 22e. ADDRESS NAME (Type) 4 23d LOCATION (City or Town) 23b. DATE # 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL CREMATION Cremation Washington, D.C. 2 Lee's Crematory 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 [4] 1968 30M REV 1/68 Lee Funeral Home Washington. D.C.



MARYLAND STATE DEPARTMENT OF HEALTH



1 × %	1	MARTIAND STATE DEPARTMENT OF HEALTH	
W/T	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04000
FOR STATE	ř	Item 5 Film 39 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01089
HEALTH DEPT:	1 0	FEFASED NAME First O Middle lost 20 DATE KNOWING Hoosts	Doy Yeor 2b HOUR
	(Tuno or Deinet	Duy Feor 20 HOOK
of of of		Trances amrie 15 Town DEATH MATER I Jan	11 1968 952 M
(E & C) E *	3. 5	EX 4 KACE 15 DATE OF BIRTH 10 /0 to AGE in years 1 FUNDER 14 MIS 120 DATE PRONOUNCED DEAD	2d HOJR
2, and 3 to PM3. Poge partment of		7e. W. 17. March/877 GIVRS MONTHS ON'S HOURS MIN JOD. 10	Yeor 19 69 7:32 M
Pal Pal	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
E å	COUR		()
for for the	10. (1110
Page 1		CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital like usual Occupation (Kind of work done during most of work age are street oddress). A ((a)	126 KIND OF BUSINESS OR
the de		Kensington. give sieet oddress Hall Nursing Home during most of working ite, even fretired) Housewife	IIIO O SIKI
at the original state.	13o.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c. CITY OR TOWN \$13d MISIDE CITY LIMITS? \$13e STREET AND NUMBER	
w w old	0	dmission) STATE Md. 136 COUNTY Montgomery Kensington (\$200 3920 Baltin	ore Street
hours after death Hem 18 Give Pagg Office olong with 1ond 2 with the Star	14 8	TATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
lo Office of the	,	XXXXXXXXXXXX John Imrie Margaret Allen	1,051
24 es ris	-		
thin 24 hours after death they have delay is mad in item 18 Give Pages 1, 2, and 3 to miner's Office olong with form PM3. Page pages 1 and 2 with the State Department of thours ofter death		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 4218 PRESENTED 17. INFORMANT 5.1.2 TABLE SECURITY NO 17. INFORMANT	
INER: This certificate should be executed within 24 hours after death se certificate, writing the word "pemding" in pencil in Item 18 Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages lond 2 with the State De nation, or removal, and in any event within 72 hours offer death	L. '	(es, no or unknown) (If yes give wor or do'es of service) Unknown Walworth Brown Kensingto	on, Md.
ICAL EXAMINER: This certificate should be executed with execute the certificate, writing the word "perialing" in pertor. Page 4 should be forwarded to the Chief Medical Examed for your files. CTOR: Page 3 should be used as a burial-transit permit. File burial, cremation, or removal, and in any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (r))	APPROX.MATE INTERVAL
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the state of the s		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
red Jed Jed		(A) 1.	
d d d d d	8	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	I 20. A. TORCY2
orw Use	3	WAS PERFORMED?	20 ALTOPSY?
nis per fe	MEDICAL CERTIFICAT ON		YES NO
	8	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	im 18)
erth.	3	PRIMARY OR CONTRIBUTING HOUR AM. Ten 10 19 G8 Fell. out of bed	
Sho e c	A S	21d NURY OCCURRED 21e, PLACE OF INJURY (At home, form, street 21f, OCATION Street or R.F.D., No. (1) or Town	County State
Se		WALLE MAY WILL A 4 TOCION DITTER BIT OTHER BIT	
Po you		AT WORK I AT WORK AT 19015: A 9- Home Month	gomery Mu
ICAL EXAMINER: e execute the cert itor. Page 4 shoul ed for your files. iCTOR: Page 3 shou burial, cremat.on,		22a. I certify that I taak charge of the remoins described above, held an Autopsy, Inspection K, Inquiry K	
DICA please ex director. eforned e DIRECTO or to bur	ŀ	death resulted fram: Natural causes 🔲 , Accident 🔯 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
eds onn on to	1	CHIEF MEDICAL EXAMINER	
Tet Tet		ACTUAL 226 DATE	SIGNED
MA RA		DOUBLING AND	
Ssory, F funeral on be r INERAL		NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Bothesis	11, 1968
necessory, please execute the the funeral director. Page 4 st 5 may be retained for your fro Funeral DIRECTOR: Page 3 Health prior to burial, crema	-	" Dedicor	
5 C T S D T	230	BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATON (City or Town)	(County) (Stote)
A.		Cremation 1-15-68 Cedar Hill Crematory Suitland, Mary	land
h	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S S	SIGNATURE
VR A15ME (5,	RO	DBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 15 1988 Miles	way Judge



. 1	MARYLAND STATE DEPARTMENT OF HEALTH
	01092 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
death.	1. DECEASED-NAME First (Addie) Adella Brown 2a DATE OF DEATH 2 DATE OF DEATH 1 Month 7 Day 68 Year 1.32 M
を記する	Female 4 RACE White S DATE OF BIRTH June 6, 1875 6 AGE (In years lift UNDER 17EAR IF UNDER 24 HRS MAIN YRS.) 6 AGE (In years lift UNDER 17EAR IF UNDER 24 HRS MAIN YRS.) 7 YRS.
4 hours d in b pers. Page 72 hours	70. BIRTHPLACE (Stote or foreign country) Aryland U.S.A. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED MONTGOMERY MARRIED MONTGOMERY MARRIED MONTGOMERY MARRIED MONTGOMERY MARRIED MONTGOMERY
completely filled ig ave carbon paper y event, within 72	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Wheaton 120 USUAL OCCUPATION (Kind of work done give structured) 12b, KIND OF BUSINESS OR INDUSTRY Home
cuted a amplet any secont, event,	13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) STATE Md. 13b COUNTY P. G. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY P. G. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13d I
be exe	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Martin Van Buren Garrick Mary E. Dennison
tificate hysicia n pleas val, and	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no new weg or dottes of service) 16b. SOCIAL SECURITY NO Clayton H. Brown 4318 Delmar Ave. Marlow Hg
PHYSICIAN: The law requires that the death certificate be executed within a haspital ar attending physician. The certificate has been signed by the attending physician and campletely fullestrached for use as the burial-transit permit. Then please remave carbon particular to burial, crematian, ar remaval, and in any event, within	PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if ony, which gove inse to immediate cause (o). Stating the underlying couse (c). Cause of DEATH (Enter only one couse per line for (o), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF (c) Cause of DEATH (Enter only one couse per line for (o), (b), and (c).) BETHEROMARCH MEDIATE Cause of DEATH (Enter only one couse per line for (o), (b), and (c).) BETHEROMARCH MEDIATE Cause of DEATH (Enter only one couse per line for (o), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF (c)
The law ratending attending has been se as the th priar to	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far upskruld be filed with the State Dept. af Health	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 31d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION 21f. LOCATI
HOSPITAL OR ATTENDING PHYS age 4 may be retained by the has FUNERAL DIRECTOR: After this cal director, page 3 shauld be detache size uit be filed with the State Dept.	22a. I certify that (I) (this haspital) attended the deceased from 19.54, to 19.54, to 19.54, that (I) (we) last saw the deceased alive an 19.54, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (I) (we) (gid) (didnet) view the bady after death
L OR ATTENIC 1 be retained DIRECTOR: A DIRECTOR: A DIRECTOR: A	22b SIGNATURE Welliam Branding Degree ATTENDING MED. DEGREE PHYS. DIRECTOR PHYS. 22c, DATE SIGNED 22c,
TO HOSPITAL Page 4 may TO FUNERAL director, pog	NAME(TYPE) W M DRA-IN IN 66 For central Ane Cogletof Hele My
TO HOS	Buria! Switland Md. Suitland Md.
VR A3 //4/ 30M RE 7 68	24 ROBert E. Wilhelm 4308 Suit Appress Rd. Suitland Md. 250. RECD BY REGISTRAR 25b. REGISTRAR SIGNATURE DATE JAN 10 1968 Climates Judge



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		ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR give street oddress)	INSTITUTION (If not i		UAL OCCUPATION (Ka most of working life		126 KIND OF BUS INDUSTRY GO	INESS OR
with ban with		AKOMA PARK	DAKHAVEN	CONV. P	10M5 6	10 VT. WO	RKER	TEACHI	NG
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fical ysici ple ple		es, no, ar unknown) (If yes give wor				BRADIS.	4008-36	15+ M+	Danie
eath certific ending phys mt. Then p ar removal,	-				CJ. COILH	PKODIC	400X- 20	APPROXIMATE	INTERVAL
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Aft.		saw the deceased aliv	haspital) attended the deceder	_19	hat in (my) (aur) a			e and haur and	d fram the
OR: TE	١		(I) (we) (did) (diet not) view th	e bady after dec	oth.				
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TAI may val page page		22d. PHYSICIAN'S NAME (Type)	of Wolot	FOR	22e. ADDRESS	1/3her.	1 . !		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the state Dept.	-		70		1. 1.00				
天學思言意义	23a.	BUR A., CREMATION, 23b. DA	10 10/8 23C NAME C	OF CEMETERY OR CR		23d LOCATION	City or Town) Pro		State)
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VR A15 (4) 30M REV 1/68	2	FUNERAL DIRECTOR	ADDRE	SP 11.2	DC DATE	P.O. GOSE	Consequence (Se	1	
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FOR STATE		TITUS TO MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH BEPT		DECEASED NAME First LENA Middle MAY Mae Last BYLLOCK 2a DATE KNOWN Manth OF EST.	a mi
Page Page	3 5	EX 4 RACE DATE OF BIRTH A AGE IN years F JINJEH YEAR I PUNDER 24 HRS 2C DATE PRONOUNCED DEAD	25 1968 M
delay and 3 M3 Pag		ost burhday) MONTHS DAYS HOURS MIN Manth Day	Year 10 715
200	70	BIRTHPLACE (Stage or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1-71 M
		Virginia U.S.A. WIDOWED DIVORCED MONTGOMER	V 111
	10	VIII CONTRACTOR OF THE PROPERTY OF THE PROPERT	12b KIND OF BUSINESS OR
ter death Give Pages and with fight.		TAKOMA PARK give street address (1/15h, 57a-7455e) during most at warking life, even if retired.)	INDUSTRY
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2 Wedded	1	Idmission) STATE TOTAL TO ISB COUNTY / Anglan City YES NO 80/6/2	FIR AUR
24 hours after death in Item 18. Give Page r's Office alang with set 1 and 2 with the States ofter death.	14.	FATHER'S NAME First Middle Lost O 15 MOTHER'S MAIDEN NAME First Middle	Lost
24 P		Andrew Bullock Carrie Bullock	
hin 24 nool in niner's pages baurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 18 yes gave war or darks of service)	
l within n pencil Examine File pagi	<u> </u>		APPROXIMATE INTÉRVAL
ecuted writing" in perdical Exart		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY Acute, s vere, purulent	BETWEEN ONSET AND DEATH
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INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pagshauld be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. Fite pages land 2 with the Stantian, or remayal and in any event within 72 haurs after death.		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20 AUTOPSY?
This icate, be fa	CERTIFICAT		YES NO
VER: The certifical certifical beauth be should be should the trian, or triangles.		210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR AM 216 THE OF INJURY Month, Day Year 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	m 18)
INER e cer shaul files. 3 sha atian	MEDICAL	CAUSE OF DEATH P M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK AT WORK	coc-try nate
111 - 07		220. I certify that I took charge of the remains described espave, held an Autapsy Inspection Inquiry	and to my opinion
SICAL E ase exect rectar. Pa amed for IRECTOR:		death resulted from: Natural causes Accident , Suicide , Homicide Undetermined monner	did id my opinion
ase ase to to		CHIEF MEDICAL EXAMINER T	
<u>a_</u> = _ o		ACTUAL SIGNATURE LECOLULIA (CO MD ASSISTANT MEDICAL EXAMINER) 226 DATES	IGNED
Sary, nera / be ERA		EXAMINERS TO DEPUTY MEDICAL XAM, NEW TOA	25 1968
ro DEPUTY necessary, p the funeral S may be re ro FUNERAL Health pro		NAME (Type) DELDEN T. / EAP M.D. ADDRESSAR (Sign Corporty)	7 7071
5 m + ~ 5 m	230	PEMOVA) (Specify)	(Caunty) (State)
	24	Removal 1/27/68 Richmond Virgi	nie
VR A15ME (5)	24	Fraziers Funeral Hope Washington, D.C. Date JAN 3 1 1968	
10M REV 1 '68		HOME DOCUME JAW 3 1 1000 A	0 0

Item 19 & 22 film 3)8 MARYLAND STATE DEPARTMENT OF HEALTH

1 7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01095 01093 CERTIFICATE OF DEATH DECEASED-NAME First Middle Inst 2a. DATE OF DEATH 2b. HOUR signed by the attending physician and campletely filled in by the Lineral burial-transit permit. Then please remave carban papers. Pages 1 and burial, cremation, arremaval, and in any event, within 72 hours after deals (Type or print) Month .1968 Bertha 0. Burdette January 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (n years IF LINCYER YEAR IF LINDER 24 HRS tast birthday) DAYS HOURS Nov. 28, 1886 Female White requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED TO NEVER MARRIED (Country) Maryland WIDOWEDY U.S.A. DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
HOUSEWITE give street address) INDUSTRY Germantown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LEMITS? admission) STATE Maryland 13b COUNTY Montgomery YES [] RFD # 2 Germantown 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle William Asbury Mullinix Elizabeth 0. Bowman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknawn) 215-36-4661 Paul D. Burdette. Gaithersburg. Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Neoplasm of left kidney, type unknown. app. 1 year. AND THE PROPERTY Prohydronephrosis Canditians, if any, which gave) (b) Advanced Arteriosclerotic Cardiovascular Disease 10 years? ase to immediate couse (a). DUE TO, OR AS A CONSPOUENCE OF Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Diabetes Mellitus directar, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO (TO None. Had Cystoscopy & Retrograde YES 📑 21a ACCIDENT WAS UNDERTRING 1 STEP BY WILLY 30/67

OR CONTRIBUTING CASE OF DEATH

(If either, notify medical exeminer)

P.M.

Manth Day Year LETC HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) No accident. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City of Town County State While Not while at wark No injury. 220. I certify that (I) (this charpends oftended the deceased from 1935, 19, to January 28, 68, that (I) (\$\infty\$) last saw the deceased alive an January 28, 19,68, and that in (my) (aur) opinion death accurred on the date and hour and from the to January 2319 58 causes stated above, (1) reve) (did) (did state) view the bady after death. 22b. SIGNATURZ 22t DATE SIGNED In COGREE ATTENDING DIRECTOR PHYS. Tanuary 29, 1968 PHYS 22e. ADDRESS 9701 Church Street 22d. PHYSICIANS M. McKendree Boyer, Damascus, Maryland 23c MAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Tawn) (County) (State) 23o. BUR AL CREMATION. REMOVAL (Specify) Jan.31,1968 0 Damascus Meth. Damascus. Md. 25b. REGISTRAR'S SIGNATURA 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Olin L. Molesworth, Damascus, Md. 1968 DATE FEB 30M REV 1/68



	1	01096 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			01094
· Andrews	\perp	CERTIFICATE OF DEATH	OTOGA
after death.			Year S HOUR M
Down of Page	7o.	BIRTHPLACE/IStote or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MADDIED 7 NEED MADDIED 9 COUNTY OF DEATH	MONTHS DAYS HOURS MIN.
Per Per T	COI	VIRGINIA USA WIOOWED DIVORCED /VIONTGOME!	24 Md
within 24 filled ban pape	D	SITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street address) 11. DCR SPRING THIRL and Napsing from during most of working life, even if retired)	₹b. KIND OF BUSINESS OR INDUSTRY
cecuted w campletel nave carbing event, v	odn	DUSUAL RESIDENCE (Where deceosed lived, if Institution: Residence before 13c, CITY OR TOWN) 34. WISDE CITY LIMITS? 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. CITY OR TOWN YES NO 13c. STREET AND NUMBER 13c. CITY OR TOWN A WISDE CITY LIMITS? YES NO 13c. STREET AND NUMBER	· Rd Wash.g
e be ex an and ase rem		FATHER'S NAME First Samuel Burkett 15 MOTHER'S MAIDEN NAME First Middle Address NAME First NAME First Middle Address NAME First NAME First Middle Address NAME First NAME F	Myers lastynding
ertificate be physician c nen please iaval, and ii		Yes, no, or unknown) (If yes give wer or dotes al service) 217-65-2635 Clarighter	APPROXIMATE INTERVAL
The law requires that the death certificate be executed within 24 hours attending physician. has been signed by the attending physician and campletely filled in by use as the burial-transit permit. Then please remove carban papers the priar to burial, crematian, or remaval, and in any event, within 72 haurs		18. CAUSE OF DEATH (Enter only one couse per l'ine for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. HIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Sportaneous
equires that the physician. signed by the burnal-transit burnal and the control of the control o	l	Conditions, if any, which gove rise to immediate cause (a). (b) ARTERIO SCIEROTIC HEORT DISEASE DUE TO, OR AS A CONSEQUENCE OF	Years
The law requires that attending physician, has been signed by se as the burial-train hariar to burial, cre	l	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
the law ratending has been se as the h priar to	NOIL	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. 1F YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
The latter has has sse as	CERTIFICATION	5/6/67 Insertion of Cardiac Pacemaker YES NO NO CAUSES OF DEATH?	
PHYSICIAN: This certificate stacked for un Dept. of Healt	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.	em 18.)
JING PHYSICIAL by the hospital frer this certifice be detached fa	-	While Not while Office Burding, ETC	County State
		22a. I certify that (I) (this haspital) attended the deceased from 126, 1968, to 1/29, 1968 saw the deceased alive an 1968, and that in (my) (our) apinion death accurred an the data causes stated above, (I) (we) (alid not) view the bady after death.	
O HOSPITAL OR ATTENI Page 4 may be refained O FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	1	22b SIGNATURE 22c SIGNATURE 22c ATTENDING MED. STAFF 22c PHYS. 22d. PHYS.(JAN'S) 22e ADDRESS 22e ADDRESS	29/68
TO HOSPITAL Page 4 may O FUNERAL director, pag shauld be fill		NAME (Type) R. T. BenAck MD 4115 Colie DRIVE, W	Theaton, md.
Page O Fu	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 2-1-68 Forest Oak Gaithersburg	(County) (Stote) Montg. Nd.
VR A15 (4) 30M REV. 1/68	24.	FINERAL DIRECTOR TO A CONTROL ADDRESS 24 1 2 THE RECURRENCE 25h REGISTRAR 25h REGISTRAR 25h REGISTRAR 5	



01097	MUSION	OF VITAL RECORDS, 3		EPAKIMENI OF		/I AND 21201		
				TE OF DEATH		TILVI	0109	5
1. DECEASED-NAME (Type or print)	First Mary	Middle	BURE	Lost	20. DATE OF D	exth 8 Doy	1988	25. HOUR 300P M
3 SEX Female		gro	5.	January		6. AGE (In years lost birthdoy) YRS.	IF UNDER I YEAR MONTHS DAYS	HOURS MIN 3
To BIRTHPLACE (State or fo	USA		WIDOWED [the same of the sa	9. COUNTY OF D			Md.
10. CITY OR TOWN OF DEATH			1 Hosp	ital dunng	UAL OCCUPATION (I	Kind of work dane fe, even if retired.)	125. KIND OF B INDUSTRY	BUSINESS OR
130. USUAL RESIDENCE (Who admission) STATE Mary	re deceased lived, if in land 13b. COUN	stitution Residence before	3c. city or to e Land	Over YES R		ET AND NUMBER Bellhave		
14 FATHER'S NAME FIR	st Mide	dle Lost	IS V	NOTHER'S MAIDEN NAME		Middle		Last
	ck Burriss			Flora			Dun	n
160 WAS DECEASED EVER II	U.S. ARMED FORCES? (If yes give wor or dates of service N/A)	16b. SOCIAL SECURITY NO	. 17 INF	ORMANT Landor	ver, Md.	Address		
				. Flora Bur	<u>riss, l</u>	717_Rellh	wen Dr	ATE INTERVAL
PART I. DEATH W	'AS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO,	Premarber: by OR AS A CONSEQUENCE OF	mmatur / prev	iable			BETWEEN ON	SET AND DEATH
Conditions, if any, wh rise to immediate co stating the underlyin	use (o). (b).	OR AS A CONSEQUENCE OF						
lost.	(c)	RIBUTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE OF	CONDITION GIVEN	IN PART I(o)	<u> </u>	
190. DATE OF OPERATIO	N 19b. CONDITION FO	R WHICH OPERATION WAS PERF	ORMED	20o. AUTOPSY?	CALLETE C	ES, WERE FINDINGS COI	NSIDERED IN CER	RTIFYING
210 ACCIDENT WAS U	INDERLYING 216 TIM	N 50	21c HOW	YES EC NO [em 18.)	
21d INJURY OCCURRED While Mat while of wark	21a PLACE OF INII	P.M. 19 JRY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCA	TION Street or R F.D. N	lo. City a	Town	County	State
22a. I certify tha	t (t) (this haspital) eased alive an Je d abave, (t) (we) (attended the deceased	framJe 68., and t	hat in (my) (aur) apath.	68 , ta <u>j</u> Dinian death ac	an 8 , 196 curred an the dat	8_, that e e and haur a	(1) (we) last nd fram the
22h SIGNATURE	ali k	Chull-	DEGREE	PHYS. L	MED. DIRECTOR	STAFE - I	ATE SIGNED 1. 12,]	968
22d. PHYS.CIAN S NAME (Type)				22e. ADDRESS Naval Hos			ld.	
230 BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE / -/3-6	23c NAME OF CE		144		SUITZANI		(State)
24. FUNERA DIRECTOR	ullon 4		1.11).	DATE JA	BY REGISTRAR N 17 19	25b. REGISTRAR'S S	May Ju	tigh.



	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
1		01098 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	ı	CERTIFICATE OF DEATH	01096
i Mi		DECEASED NAME First Middle Last 2a, DATE OF DEATH	2b. HOUR
death death	1	(Type or print) Catherine Kelsie Burton Januar Port	18468 5120M
5	3 5	SEX 4 RACE 5. DATE OF BIRTH 6 AFE (In years of	UNDER 1 YEAR IF JINDER 24 HRS
	1 :		NTHS DAYS HOURS MIN.
A 1 1 2 1	70		
2 2		INTROLL NEVER MARKIEU	* MITON
PHYSICIAN: The low requires that the death certificate be executed within 24 hours e hospital or attending physician. It is certificate has been signed by the attending physician and campletely filled it betached for use as the burial-transit permit. Then please remove carbon papers Padett, of Health priar to burial, cremation, or removal, and in any event, within 72 hose	10		
filled popertring	10.3	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most at working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
ecuted wifl campletely ove corbor y event, wi	1	TAN OTHER TATA WASHING ON PANICATION HOSP. HSWIT.	
ple contract		USUAL RESIDENCE (Where deceosed fived, if institution Residence before 13c. C.TY OR TOWN 13d INSDECTIVE MISS? 13e. STREET AND NUMBER NISSION) STATE AND STATE AND STATE OF THE	Abor - Dl
scut ove / ev		Maryland Mongomery Siver Spring 15 100 100 175 Briggs	schaney ka
and conditions	14.	FATHER'S NAME First Middle Loss IS. MOTHER'S MAIDEN NAME First Middle	lan
be n or		Ben McKenny Catherine	
nt the death certificate be the attending physicion isti permit. Then please motion, or removal, and	lóg	a. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO.] 17. INFORMANT (A. A. A	II N.
hys rat,	١N	1897 na, ar unknawn) (If yes give war or dates at service) Hospital Records 7600 Ca	irvoll tive.
Cer.		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
f din		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Portine infarction	DEFECTA CHISTI AND ODAIR
dec rmi rmi, or			
he ad	1	Conditions, if any, which gave) Oue TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
at the state of th		rise to immediate cause (a) (b) //////////////////////////////////	
fig.		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires tha physician. signed by burial-tron		lost. (c)	<u></u>
equ sign		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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s bé	FICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
The part has been a the	CERT FI		
are aleal			n 18.)
CLA Spring CLA Spring CLA	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Doγ Year (If either, notify medical examiner) P.M. 19	
YSI cer check the certain th	M.F.	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town	County State
PH P		While Not while at wark at wark	
N × × × × × × × × × × × × × × × × × × ×		22g certify that (1) (this haspital) attended the deceased from AA/ 7, 19 072, to TAN 16- 19 6	E, that (I) (we) last
d b Afres e Steam	H	22a I certify that (1) (this haspital) attended the deceased from AA 7, 19,000, to The 19,60 saw the deceased alive an TAN 15, 19,600, and that in (my) (aur) apinion death accurred an the date	and haur and fram the
OR ATTENDING be retoined by the JIRECTOR: After the eld 3 should be de eld with the Stote		causes stated abave (1) (we) (d/d) (did nat) view the bady offer death.	
A ST		ATTEMPTED - CTAFE	TE SIGNED
be ed 3		DEGREE PHYS DIRECTOR PHYS. W JA.	V16.1468
AL C		22d. PHYSICIAN'S NAME (Type)	
SPIT ERZ d by		Mayor (1Aha)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papershould be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in any event, within 72	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (CITY OF TOWN)	(County) (Stote)
020 5 TV	1	BURITY 1/20/68 Hish Memorial Com. Sandy Spri	19 Monta Ma
VR A15 (4)	24	XFUNERAL DIRECTOR ADDRESS ADDRESS REC'D BY REGISTRAR 296. REGISTRAR'S SIG	SNATURE
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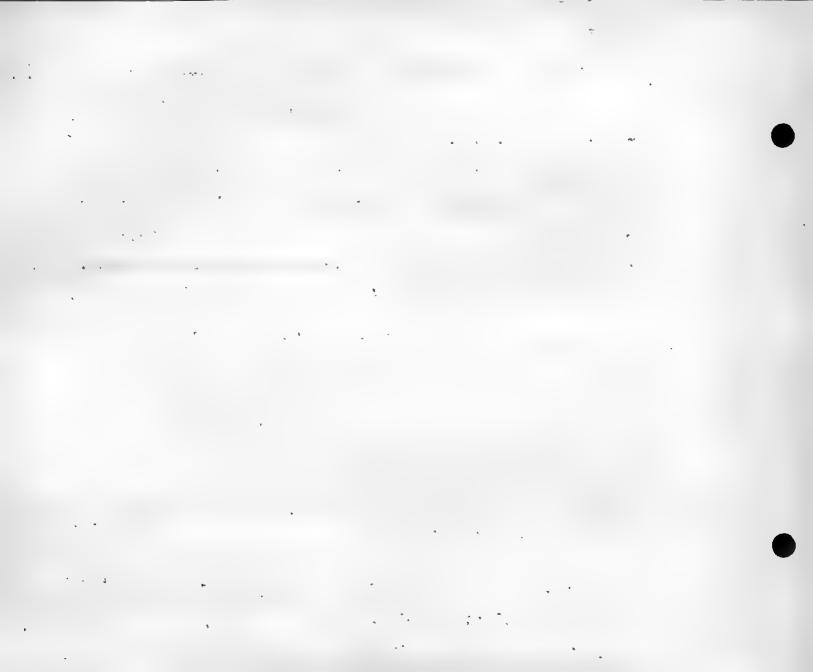
				ND STATE DEPARTMENT OF		01097
1- 13		01000	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	01007
(VI)		31099		CERTIFICATE OF DEATH	Cotoner John	Ball Moshed
the state of		CEASED-NAME Erst /Pe or print) TAGA TO TOP	Middle	lost	2o. DATE OF DEATH Day	Yeor 2 3 - 2
tuneral I and er dear		MADE		BUSCHING	Jan. 16, 1968	3,30P M
in the second second	3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. HOURS M.N.
s after	_	Female	Cauc.	May 18, 1	84 YRS.	
hau hau	Zo. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED MEYER MARRIED	9. COUNTY OF DEATH	
24 in per 172	_	Maryland	U.S.	WIDOWED DIVORCED	Montgomery	Md
within soon po	C	TY OR TOWN OF DEATH	give street address) 4718 Bay	ard Blvd.	JAL DCCUPATION (Kind of work done nost of working life, eyen if retired.) Housewife	12b KIND OF BUSINESS OR INDUSTRY
ad v	130	USUAL RESIDENCE (Where decease	ed lived, if institution. Residence befor	TO TEST TOWN TOWN TOWN	SAMITS? 130 STREET AND NUMBER	
omp omp	gami	ssion) STATE Md.	Montgomery	Chevy Chase YES	10□ 4718 Bayard	Blvd.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers, Pages hand abound be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death	14 F.	ATHERS NAME First Winfiel	Middle Lost d Offutt	15 MOTHER'S MAIDEN NAME Mary	E. Stearn Middle	Lost
ficate ysician pleasi af, and	16o. Ye	WAS DECEASED EVER IN U.S. ARN es, no. or unknown) (15 yes give w	IED FORCES? Of ar dolles of service) 16b. SOCIAL SECURI Unknown	20 20	ghter Address Buglass	e as Item 13
erti ph hen nave	H		y one cause per line for (a), (b), and			APPROXIMATE INTERVAL
ding ding ren	Н	PART I. DEATH WAS CAUSED	BY-		e 3 co 15 c	SUDDEN.
deo imilian	П	410 9 IMMEDIA	(0)		11070	JUNDEN.
the are to be a triple		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE		FART DISFACE	21/FARC
hat y th sinsi	Н	nse to immediate cause (a), ((b) 73/3/2/3/2) DUE TO, OR AS A CONSEQUENCE		AND FULL ASK	3/24/23
The law requires the attending physician. has been signed by se as the burial-training primarta burial, cre	Ш	stoting the underlying couse last.	(c)			
aphys Igne Urrio	Ш	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(o)	
ng F an s an s tab	2	Se	mile Is	indicate arte	risselinion	
ber the right	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 2Da. AUTOPSY?	206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The affe of the place of the pl	IE	n-appears.		YES NO	CAUSES OF DEATH?	
ar or early		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		ter nature of injury in Part 1 ar Part 2, It	em 18.)
af the first and	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE DE DEAT (If either, notify medical examin	H HOUR A.M Manth Day Ye ner) P.M	19		
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 5 FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. af Healt			PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21F LOCATION Street or R.F.D. N	lo. (ity ar Tawn	County State
NG the de		22a. I certify that (1) (the	r hospital) attended the dece	ased fram, 19 1968and that in (my) (our) a	65, to Jan 8, 191	fr, that (I) (we) lost
TENDI ined b OR: Af	ы	couses stated above	live an 1282, (I) (we) (did) (did-net) view th	_1968 And that in (my) (our) a ne body ofter deoth /- /6 - 6	pinion death occurred on the dat	e and hour ond from the
A B D A F		22b. SIGNATURE	1)	ATTENDING TO		ATE SIGNED
OR be a		J.O. Un	edsens	DEGREE PHYS.	DIRECTOR L PHYS L L	16-68
PITAL may ERAL 1 or, pag		22d. PHYSIC AN'S NAME (Type) PP	ANDREWS M	22e ADDRESS 4.2	201 Fessenden St	N. W.
Joseph A	230.	BURIAL, CREMATION 23b. I	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				mac Meth. Cem.	Potomac, Mary	land
VR A15 (4) 30M REV 1/68	24 RC	FUNERAL DIRECTOR	PHREY, Bethesd		A'Nº 2'4 1968 REGISTRATE	IGNATURE Judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01100 01095 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 25 HOUR (Type or print) January Month BYRNES 615P M James Carroll 4. RACE 5 DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years filled in by the DAYS last <u>birth</u>day) HOURS June 10. 1890 Caucasian Male requires that the dmnth certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fore an 8 MARRIED [20] NEVER MARRIED Virginia USA WidOWED DIVORCED [Montgomery within 72 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most at working life, even if retired) give street address) INDUSTRY and campletely f remave carban Bethesda Naval Hospital 13a USUAL RESIDENCE (Where deceased fived, if institution, Residence before 1136/CITY OR TOWN burial, crematian, ar removal, and in any event 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER District of Columbia YES IN NO Washington. 2339 Massachusetts Ave. 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Louisa Dunn Cooke James C. Byrnes 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Address Yes, na. ar unknawn) Yes 579-50-3984 Navy records 907-1939 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))
PART I DEATH WAS CAUSED BY Acute myocardial infarction BETWEEN ONSET AND CHATH PART 1 DEATH WAS CAUSED BY 1MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D TUNERAL DIRECTOR:** After this certificate has Leen director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES EX NO 🗆 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) or contributing cause of death HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (9) (this haspital) attended the deceased from Jan. 15..., 1968, ta Jan 15..., 1968, that (9) (we) last saw the deceased alive an Jan. 15..., 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, () (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR STAFF PHYS. Jan. 16, 1968 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S L. W. Raymond, MD NAME (Type) Naval Hospital, Bethesda, Md 23g BURIAL, CREMAT ON, REMOVAL (Specify) BULL TAIL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Annapolis, Maryland Naval Academy Cemetery 250. REC'D BY REGISTRAR DATE JAN 2 2 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Devol Funeral Home ADDRESS & ACO VR A15 (4) 30M REV 1/68 2222 Wisconsin Ave., N.W. Washington, D.C.



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7			01101	DIVISION OF VITAL RECOR		CATE OF D		E, MAKYLAND 212		010	99
= (AA	۱ ۱		CEASED NAME First	Middle		Lost		DATE OF DEATH			2b. HOUR
deart deart	<u> </u>	(T ₁	(Pe or print) Lillia	n Gertrud	e	Cann		January		968	13:15
dges - caffer	3	l SEX	F	4. RACE		S DATE OF BIRT	н , 1886	6. AGE (In year lost birthday		ER I YEAR DAYS	PF UNDER 24 HRS HOURS MIN
hours hoby	7	o. B		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRI	9. CO	JNTY OF DEATH			
in 24 ho filled in popers. hin 72 ho		COUN	Maryland	U. S. A.	WIDOWED		<u> </u>	Montgomery			Md.
vithin 2	7 7	0. CI	TY OR TOWN OF DEATH Gaithersburg	gree street address) Asbury Me	thodist	not in hospitol Home for		UPATION (Kind of work working life, even if ret		. KIND OF E DUSTRY	SUSINESS OR
ecuted within 24 completely filled ove corban pope y event, within 77			USUAL RESIDENCE (Where decease supp) STATE Mary Land	d lived, if institution: Res dence be 13b COUNTY Baltimore -	fore 13c CITY O	R TOWN 13	YES NO .	13e STREET AND NUME	ER	ue	
and co	[4. F	ATHER'S NAME First	Middle Lo	ost 1	S. MOTHER'S MAIL	DEN NAME First	Mic	dle		Lost
be a din din	7		John Thorney				Sarah	Eliz	abeth	Sr	nith
ficate be ysicion o pleose al, ond ir		16a. Ye	WAS DECEASED EVER IN U.S. ARME is, no or unknown) (If yes give wa	ED FORCES? 1 or dates of service) 16b. SOCIAE SECU 220-54-		A Shury	Met.bodi si	Add t Home, Gai		וויס.	Md.
Phy hen hen	ŀ					//	iconoars.	o nome, dar	OHCI DO	APPROX M	AFE INTERVAL
requires that the death certificate be executed within 24 hours after death signed. signed by the ottending physicion and completely filled in by the funeral-buriol-tronsit permit. Then please remove corban papers. Pages 1 and buriol, cremation, or removal, and in any event, within 72 hobs after death			PART I DEATH WAS CAUSED A 3 IMMEDIAT	y one couse per line for (g) (b), on BY: IE CAUSE (o)	liral	arte	uoscle	108es		BETWEEN ON	SET AND DEATH
the consist permation			Canditians, if ony, which gave nse to immediate cause (o),	(b) Securios DUE TO, OR AS A CONSEQUENCE	eleser	e an	Lerios	clerosis		10	YRS
equires that the physicion. signed by the buriol-tronsit buriol, cremati	-		stating the underlying cause lost.	(c)							
w requiring physical significant significant to bur		z	PART 2. OTHER SIGNIFICANT COND	DITIONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED 1	O THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART I(a)			
the tow requires the attending physicion. has been signed by se os the buriol-tro. In prior to buriol, cre	4	CERTIFICATION	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPS	NO NO	20b IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDE	RED IN CE	RTIFYING
DING PHYSICIAN: The fow reby the haspitol ar attending lifer this certificate has been be detached for use as the State Dept. of Health prior to		₹	2 to. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Month Day		IOW INJURY OCCU	RRED (Enter notur	e of injury in Port 1 ar I	ort 2, Item 1	B.)	
ATENDING PHYSICIAN stained by the haspital (CTOR: After this certifical should be detached for ith the State Dept. of He		-1	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STR. OFFICE BUILDING, FT	ET, FACTORY.) 21f 1	OCATION Street	or R F.D No.	City or Town	Cou	nty	Stote
O HOSPITAL OR ATTENDING PHIPO POR 4 may be retained by the horonome of the post of the pos			22a. I certify that (I) (this saw the deceased ali	bespital) attended the derive an	19, ar	nd that in (my	3, 19, (our) opinion	to <u>1/19/6</u> death occurred an t	å 19 he date an	_, that d haur o	(I) (we) last and from the
			causes stated above,	(1) (we) (did) (did flat) view	the body after	death.	MED	C STAFF C	22c. DATE 9	GNED /	0
AL OR y be r L DIRE	,		22d. PHYSICIAN S	: Jerugo		REE PHYS 22e. ADDRI	DIRECTO	R PHYS L	1/1	7/0	
TO HOSPITAL OR ATTENT Poge 4 may be retained O FUNERAL DIRECTOR: A director, poge 3 should should be filled with the		200	NAME (Type) HEN		UGGS E OF CEMETERY OF	D CDEMATORY	DE	THESOA	, /n	D.	(State)
To Foger of Friends)	230	BURIA., (GENATION, 23b. D	1-22-68 12	OAR	HILL	238	BALTO.	, A	Inhal .	farorel
VR ALS (4) 30M REV 176	58		m. Jule	nev & sora	Balti	r.md	DATE AN 2	3 1968 25b. 16	Carle	Jud	ges

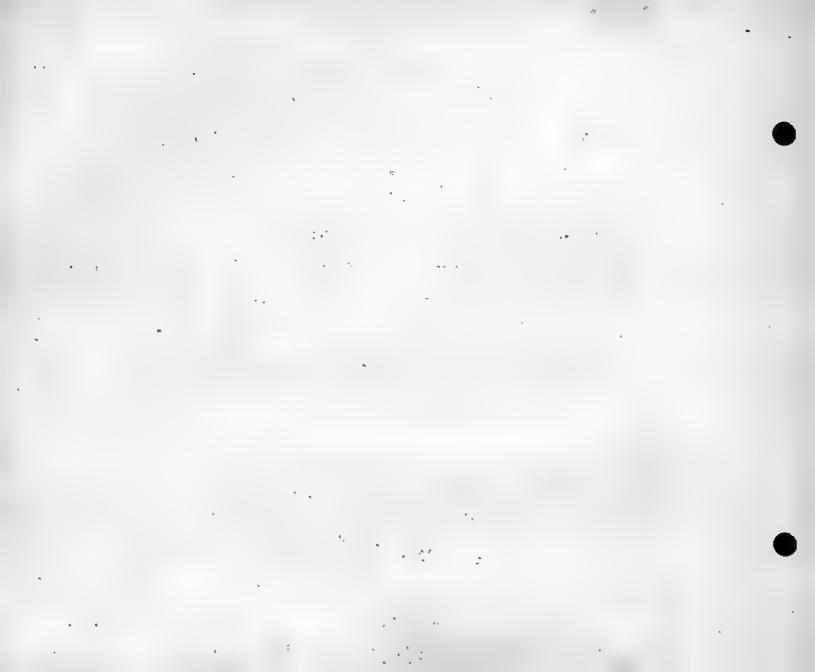


1.			01100	DIVISION OF V	ITAL RECORDS,	301 W. PREST	ON STREET, BA	LTIMORE, MA	RYLAND 21201		
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TO HOSPITAL Page 4 may TO FUNERAL director, pag	shauld	L	:REMOVAL (Specify)	DATE 6/68	Par! la			Pocky	ION (City or Town) בלינו ביין בו		(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH



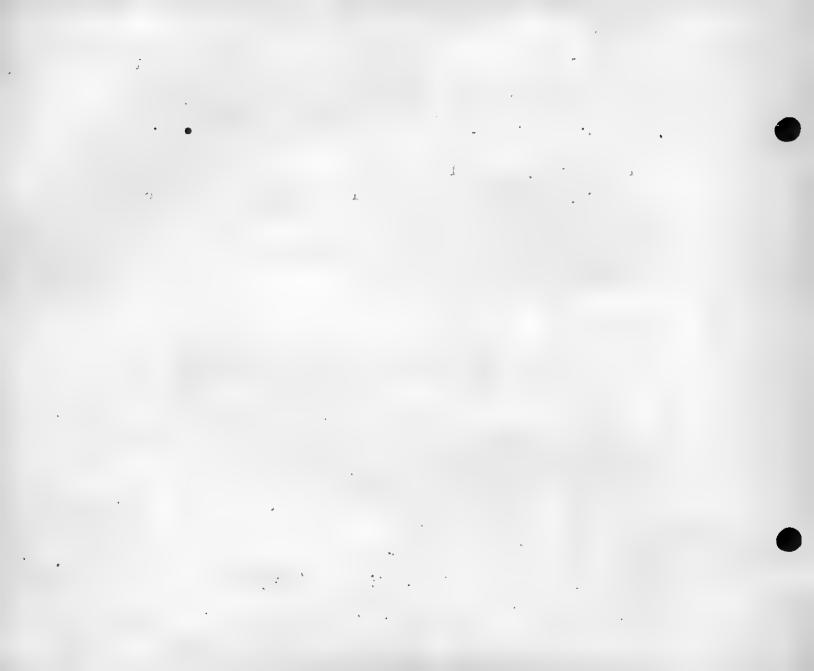
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h certif ing phy Then remava		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY:
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The law ratending attending has been se as the h priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?
ar of the ball of	8	21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
CIAN ital ital ital ital	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19
HYSI hosp is cerr achec	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State of work of wo
The part of the pa		at work at wark 220 I certify that (I) (this hospital) attended the deceased from 2/8, 1967, to 1967, 5, 1968, that (I) (we) lost
DIN by be be		220 I certify that (I) (this hospital) attended the deceased from 1967, to 1967, to 1968, that (I) (we) lost saw the deceased alive an 1968, and that in (my) (our) apinion death occurred an the date and haur and from the causes stated above. (I) (we) (defined view the body after death)
ined ined suld the the		causes stated above, (I) (we) (did) (did-cot) view the body after death.
OR ATTENDING be retained by th NRECTOR: After t e 3 shauld be de ed with the State		226 SIGNATURE PHYS DIRECTOR DEGREE PHYS DIRECTOR
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JNE CHOT CHO	22.0	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
P P P P P P P P P P P P P P P P P P P	230	REMOVAL (Specify) Cremation 1/8/68 Cedar Hill Prince George Co.Md.
5-5 (4/)	24.	FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR'S SIGNATURE
30M REV (1/68	Ť	FUNERAL DIRECTOR yson wheeler Funeral Home-1331 Rockville Pike Pall N 10 1968 Clearle Turker Signature



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01104 01102 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH (Type or print) Month 3. SEX 4. RACE 6. AGE (in years IF UNDER 1 YEAR S. DATE OF BIRTH IF UNDER 24 HRS. lost birthday) burial, cremation, ar remaval, and in any event, within 72 hours oft MONTHS HOURS 9, COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED and campletely filled in Montgomery WIDOWED 3 DIVORCED [Washington D.C 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR requires that the death certificate be executed within Potomac during most of working life, even if retired)
Housewife INDUSTRY Rockville attending physician and campletely to permit. Then please remave carban Valley N. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES 7812 Tilbury St. First S MOTHER S MAIDEN NAME First Middle Unknown John Daugherty 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Son Address Yes, no. or unknown) (If yes give war or dates of service) Item 13. Same as 578-10-2497 Albert Carroll APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH burial-transit permit. Canditians, if any, which gave) nse to immediate couse (a), signed by DUE TO, OR AS\A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) スマハン **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY or contributing cause of DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 1-2K, 1968, that (1) couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE 22d PHYSICIAN'S NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a, BURIAL, CREMATION, (County) 2-1-68 Mt. Olivet Cemeterv Washington 24 FUNERAL DIRECTOR 255. REGISTRAR S SIGNATURE VR A15 (4) A. PUMPHREY, Bethesda, Maryland DATEB 30M REV, 1/68



- 4° 1	Ttems 33 & 22 film 39 MARYLAND STATE DEPARTMENT OF HEALTH Item 7a Film G398 3	/7/68 kk
FOR STATE	1) 01105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01102
HEALTH DEPT	DECEASED NAME First Middle Lost 20, DATE KNOWN Month Day	Yeor 2b HOUR
oy is 3 to Poge ant of	Tope or Print Gilmer F. Carter DEATH MATED 1 7	683;58
deloy is and 3 to A3. Page tment of	3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2C. DATE PRONDUNCED DEAD 10 MONTHS DAYS HOURS MIN Months Day	2d, HOUR
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24 hours ofter death in Item 18. Give Pages 1, rs Office along with farm es Iond 2 with the glate De rs ofter death.	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
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I within 24 in pentul in Examiner s File pages	(Yes, no, or unknown) (If yes give war or dates al service) 233 18 6761 MISS MARGARIET A. CARTIER (SAM	E 45 /3e)
d with the Exart File in 72	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	APPROXIMATE NIERVA. BETWEEN ONSET AND DEATH
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certif writi orwor used movol	190 DATE OF OPERATION 196 CONDITION FOR WHI CH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	2D AUTOPSY?
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NEW Strong Stron	CAUSE OF DEATH P.M. 19	unity State
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	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	and in my apinion
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ro Hospital Poge 4 moy ro Funeral I	23a		3b DATE	23c NAME OF	CEMETERY OR C			ON (City or Town)	(County) (Stote)
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		01107	DIVISION OF VI		CERTIFICATE OF		HOKE, MIAKTEAND 212	011	05
₹ 70£		CEASED NAME First		Middle	Last		2a. DATE OF DEATH		2b HOUR
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	Δ.	21d. INJURY OCCURRED While Not while of work	LACE OF INJURY (AT	HOME, FARM, STREET FAI FICE BUILDING, ETC.	TORY.) 21f LOCATION Str	eet ar R.F.D. Na.	City or Town	County	State
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R: A uld		sow the deceosed olivicouses stated abave,	ve on (I) (we) (did) (di		9(4), and that in (r body after death.	my) (our) opin	ion death octurred on t	the date and hour	and from the
D HOSPITAL OR ATTENDING Page 4 may be retained by the Stuneral DIRECTOR: After 1 director, page 3 shauld be dischould be filed with the State		22b. SIGNATURE		,	ATTEND	DING - MEI	D STAFF	22c DATE SIGNED	10
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O HOSPITAL Poge 4 moy O FUNERAL I director, pog		22d. PHYSICIAN'S NAME (Type) Charles	H. Ligor	M.D.	22e. All Med		nter, Sandy S	nring Mar	wland
OSP CONE OUNE	23g	BURIAL, CREMATION, 23b. DA		23e NAME OF		1	23d. LOCATION (City or Town		(State)
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog		DEMONIAL PERSONS A	/10/1969		Local Contract		C. 12., 17	7	
VR AIS (4)	24.	FUNERAL DIRECTOR	Cl 1	ADDRESS	o eq eq ===	2So. REC'D BY	404	STRAR'S SIGNATURE	e de o
30M REV.)/61	1		1. 1.		9 1 0	DATE JAN	10 1968	of Grane	- Dille



			MAKYLAND STATE DEPARTMENT OF HEALTH
yestile.	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01106
1.7	•	1	01108 CERTIFICATE OF DEATH
	- (R'	1 D	ECEASED-NAME First 1 Middle //// Lost // 20 DATE OF DEATH 26 HOUR
	deoth death		Type or print) / Day Qrear O A Month / Day Qrear
		3 5	EX 4. RACE S DATE OF BIRTH 6. AGE (IN 1980TS IF UNDER 1 YEAR IF UNDER 24 HRS
	the state	1 3	lock hithdry) Mouries Dave Hollins with
	rs of the state of		
		70	BIRTHPLACE (Stote or fore on 7b. CHIZEBOOF-WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	in 24 ho illed in papers. hin 72 h		"UHSH. WIDOWED DIVORCED DIVORCED DIVORCED MA
	nin 24 filled pape thin 7	10	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital duying applied work done give street pagess) 120 USUAL OCCUPATION (Kind of work done lib. Kind of work done duying applied working if earth of the street pagess) 120 USUAL OCCUPATION (Kind of work done lib. Kind of w
	aw requires that the deoth certificate be executed within 24 hours after nding physician. been sig=a by the attanding plysicion and completely filled in by the fact the burial-transit permit. Then please remove corban papers. Pages ior to burial, crematian, or removal, and in any event, within 72 hours after	1/	SEMESCA give street paragress) 7, PSAN duping mast of working ite even life tight work
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	ote be executed cion and complet ease remove cor and in any event,	odm	ission) STATEMaryland 13b. COUNTMONTGOMERY Silver Spring NO JREET- SILVER Spring
	y co	14	FATHER NAME First, Middle Cast, 1 (15. MQTHERS, MAIDEN NAME First, Middle Light
	ertificote be exe p≣ysicion ond c nen please remo ioval, and in any		Illibliam p (Vapt Sally p Michaedson)
	on ose nd i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 13203 Nanoaddissing
	sici ple	100	
	that the deoth certifian. an. by the attending play tronsit permit. Then cremation, or remova	\vdash	(es, no, oxidistrown) (It yes give was or dates at service) 578-24-1258 Alice Reynolds Silver Spring, Maryland
	em L		BETWEEN ONSET AND DEATH [BILL CAUSE OF DEATH (Enter only one couse per line (ar (a), (b), and (c))
	he deoth ce attending permit. The	1	PART I. DEATH WAS CAUSED BY. Ponenona Congestive Head tailone I week
	de de	1	TION / DUE TO, OR AS A CONSEQUENCE OF
	ation of the		Conditions, if any, which gave
	hat II. Iy t ons	1	rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
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	equires that the physician. sigmed by the burial-transit purial-transit purial-transit purial, crematian		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	red B S S S S S S S S S S S S S S S S S S S		1 AND THE SIGNAL CONDITIONS CONTINUE TO DEATH DOT NOT RELEASE TO THE TERMINAL DISEASE OF CONDITION OF EACH TAKE TO
	law re nding been s the ior to	S	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	of or	CERTIFICATION	CAUSES OF DEATHS
			TES NO DE
	d or d or Heo		216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
		MEDICAL	(If either, notify medical examiner) P.M. 19
	G PHYSICIAN: the hospital or this certificate detoched for u te Dept. of Heol	E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while T
	this leto		TAMES TO STATE OF THE STATE OF
		1	220. I certify that (I) (this hospital) attended the deceased from 100 v. 13 , 1967, to 100, 1968 , that (I) (we) lost saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above (II) (we) (did (did not) view the bady ofter death.
	A P A P A P A P A P A P A P A P A P A P	1	saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred on the date and haur and from the
	ATTER etoine CTOR: shaul		causes stated obove (1) (we) (did) (did not) view the bady ofter death.
	retoin FCTO 3 sha with	1	22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
	IL OR ATTENDING y be retoined by the retoined by the records: After oge 3 should be confiled with the State	1	Out a Hell DEGREE PHYS DIRECTOR D STAFF D 1/20/13/1968
		1	22d. PHYSICIAN'S - 22e. ADDRESS 22e. ADDRESS
	ER/		NAME (Type) + R & D A. GILL, M.D. 4743 BrADLEY BIVD CHASE MO
	For Hospital OF Page 4 more to be of Funeral Misertor, poge should be filed	23a	BURIAL, CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	P S S S S S S S S S S S S S S S S S S S	B	PEMOVAN(Specify) Jan. 13. 1968 Rock Creek Cemetery Washington, D.C.
	<u> </u>	24	RISERA DIRECTOR GIEN CATTER RUZU ADDRESSAGIO HUE 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	VR A15 [4] 30M REV 1/68	Va	rner E. Pumphrey. Inc. Silver Spring. Nd. DATE JAN 15 1968 Schanles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01107 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY taw requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 t. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
Randolph Hills Mursing Home
4011 Randolph Road of wheaten M d. STREET ADDRESS e IS RESIDENC burial, cremation, or removal, and in any event, within 72 ON A FARM? 81 warren St NO Z ottending physician and completely f sermit. Then please remove corban NAME OF 4. DATE Year DECEASED CO.9 Jessie 9105 (Type or onnt) DEATH 19 68 S SEX IF JNDER 1 YEAR IF UNDER 24 HRS. 6 COLDR OR RACE 7 MARRIED **NEVER MARRIED** last birthdoy) Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
HOUSEWITE INDUSTRY Wash. D.C 13. FATHER'S NAME Mary Jane Burnside William MacKenzie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service Mary V. Townsend 3930 Conn. Ave. N. W 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) INTERVAL BETWEEN DISET AND DEATH by the hospital or attending physician. DUE TO Conditions, if any which gave rise to immediate couse (o), **DUE TO** stating the underlying couse stoched for use as the Dept. af Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? artenorlerosie NO W ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) 10 FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldo., etc.) Not While of work ot work 1947 to 2) I certify that (1) (this hospital) attended the deceased fram ro Hospitat on Attent Poge 4 may be retained director, page 3 should should be filed with the 19 6 8, and that death accurred at 1454M, from causes and an the date stated above saw the deceased alive an 220 SIGNATURE STAFF M.D. DIRECTOR PHYS. 22d, ADDRESS 22c. PRYSICIAN'S NAME (Type) S.W. Nealon. 1746 K St. N.W. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) Congressional Cem. 1/68 Washington, buria ADDRESS 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 MI muchas Vestall 2 1968







-/_ 1 13.7	Ì.	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01110
HEALTH DEPA	1 8	DECEASED NAME F1st Mode Lost 20 DATE KNOWN Month	Day Year 2b HOUR
		(Type or Print) Christine TRISZ CONRAGO DEATH MATED DEATH DEATH MATED DEATH MA	m +50
Poc Poc	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (n years f under 14 ARS 2c DATE PRONOUNCED DEAD	2d HOUR
ony delay is 2, and 3 to n PM3 Poge	1	18, 1846 81 YRS	1965/ 1030 M
		BIRTHPLACE (State or foreign 76 CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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e Pages I, with form the State De	10	CITY OR TOWN OF JOEATH Scla. 11 NAME OF HOSPITAL OR INSTITUTION (If got in hospital during most of working life, even if retired) 12 USUAL OCCUPATION (Kind of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
offer death 3 Give Pagi olong with with the Sta	120	Tely Commo Juburpan Hospital Kething	
		Odmission STATE 13b. COUNTY 13b COUNTY YES NO 13b NO 12b N	Post
24 haurs in Item 1 rs Office ss 1 and 2	14,	FATHER'S NAME First Middle Lost JS. MOTHER'S MAIDEN NAME First Middle	Lost
s of s		Peter Fresz Christine Bauilles	
hin 24 not in niner s pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT, daughter ADDRESS	···
I within n pencil Examine File pagi		Yes, no, ar unknown) (If yas give war or dates of service) CCC 1/19 CON RAD - add. Dam	nes .
ing" in sdical Es		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" ir iief Medical i insit permitI		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Applyxia	Minutes
be exit pend net Me unsit pe		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
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should be ene word "per to the Chief I buriol-transit	l	and the ordering code	
te sh the d to a bu		(c) Chefleration (Fire in Apartment) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	mimites
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certify writh orwale used mova	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cote, be for le u	SIE	WAS PERFORMED?	YES 📻 NO 🖂
inflico hifico d be d be	100	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Ite PR MARY OR CONTRIBUTING HOUR AND A CONTRIBUTION AND A	
INER: T e certific should b files 3 should	MEDICAL	CAUSE OF DEATH 9,10 PM JON 10 19 10 2003 2. Longer fore terms mor ever	
	2	21d INJURY OCCURRED 21e PLACE OF N. RY (At home, form, street, white NOT WHILE NOT WHILE NOT WHILE AT WORK AT WO	atgernary Nid-
ICAL E executor. Por Por Por CTOR:		22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . death resulted from. Natural causes . Accident . Suicide . Hamicide . Undetermined manner.	
ITY SICA Ty, please e erol director be retained RAL DIRECT Prior to bu			_
TY Y, please trof director Se retain RAL DIRE	1	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATES	IGNED
ory, ory, be ERA		DEPUTY MEDICAL EVALUATED	11,1968
TO DEPUTY necessory, the funeral 5 may be i 10 FUNERAL Health pri		NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesd	a, Md.
5 5 5 5 E	230	REMOVAL (Specify)	(County) (State)
	7.1	Burial 1-13-68 Calvery Cemetery Terre Haute, I	ndiana
VR A15ME (5)	F	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 15 1968	
10M REV. 1/68	_	ROBERT A. PUMPHREY, Betnesda, Maryland DATE JAN 15 1968 Killian	rest fright

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01113 01111 CERTIFICATE OF DEATH First Margaret DECEASED-NAME M ddle Lost 26. DATE OF DEATH 2b. HOUR C. January 17 Doy (Type or print) Coughlin 4. RACE 6. AGE (In years IF UNDER I YEAR 3. SEX S. DATE OF BIRTH LF UNDER 24 HRS. 56 birthday) DAYS HOURS Female White April 5, 1911 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED [] NEVER MARRIED [] country U.S.A. Montgomery WIDOWED K DIVORCED [crematian, ar remaval, and in any event, within 72 requires that the death certificate be executed within 24. the attending physician and campletely filled isit permit. Then please remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired.) INDESTRY Silver Spring Street 130 USUAL RESIDENCE (Where deceased hived, if institution, Residence before, 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE EITY LIM TS? odmission) STATE 13b COUNTY Montgomery Silver Springs X NO 4309 Havard St. Middle 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First First Grace Kelly James Clark 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, never unknown) (it was give wor or dates of service) 279-16-1493 Grace Johnson - daughter APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and, (c),) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN-IN PART 1(a) use as the lath priar to b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 20a. AUTOPSY? 20b if YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES ITT NO [be detached far use State Dept. af Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year with the State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 19/5, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR directar, page shauld be filed 22e, ADDRESS 22d, PHYSICIAN'S Richard P. DeLaney/Raymond T. Benack 4323 Havard St. Silver Spring 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE (Stote) 230 BURIAL, CREMATION (County) BurEMONAL (Specify) 1/20/68 North Jackson Cemetery Ohio 250. REC'D BY REGISTRAP ADDRESS 24 _EUNERAL DIRECTOR VR A15 (4) 1331 Tyson Wheeler Funeral Home 30M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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and the],	- 1		21111	DIVISION O		301 W. PRESTON STRI		MARYLAND 2120	01	4.60
Jan .	(= =)	- 1		01114			CERTIFICATE OF C	DEATH		011	12
	= 17/4	ı		CEASED NAME First		Middle	Last	20. DA	TE OF DEATH		2b. HOUR
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	5-6	h	3. SE		4 RACE		S. DATE OF BIRT	TH	6. AGE (In years		IF UNDER 24 HRS
	E BE					z New also		/	last birthday)	MONTHS DAYS	
	E 35	ŀ		FEMALE	W/#			26/1896		YRS	
	physician. physician. signed by the attending physician and campletely filled in by to burial-transit permit. Then please remove carban papers. Paburial, crematian, or removal, and in any event, within 72 hours	- 1	cann cann	RTHPLACE (Stote or foreign	76. CITIZEN OF 1	WHAT COUNTRY?	8 MARRIED NEVER MARR	IED	TY OF DEATH		
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	executed with and campletely f remove carban n any event, with	_1	1	DETHESDA	giv	NAME OF HOSPITAL OR INS e street address) Scr /	BURBAN	Homema.	rking life, even if retir Ker	ed.) INDUSTRY	
	d v		13a	JSUAL RESIDENCE (Where decea	sed lived if instit	utian: Residence befare ,	13c CITY OR TOWN 13	Id. INSIDE CITY LIMITS?	30- STREET, AND NUMBE	b Homer	
	camplove con	-	admis	sion) STATE	13b. COUNTY	delahides d	washington	YES NO	St. 543.77	The Section	1 14 A date
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	ficate be ysician c please al, and ir	ŀ	140	Elis WAS DECEASED EVER IN U.S. ARI		P. Tay		Grace		2200	kbee
	icat Pleasici J. a	- 1	Ye		ver or dates of service)	no. social seconity i		William	Addre	strose M	fanon Ct
	h certif ing phy Then remova	- 1	_	no no				MILLA		more, Ma	
	E E		- 1	1B. CAUSE OF DEATH (Enter or	ly ane cause per	hne far (a), (b), and (c)		10	Dater	BETWEEN	INMATE INTERVAL I ONSET AND DEATH
	he death attendii permit. ian, or re	- 1		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a) 🧘	onservive	" Rear to	reluse		18.	JAN 68
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	the street			Canditions, if any, which gave :	41	asterios	elevatic c	and an	arcular	2	YRS
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	equires the physician. signed by burial-trar burial, crel		ŀ	= 6 3.51	(C)	WITHOUT OF STATE OUT HE	T DELETED TO THE TENNES.	DISTRICT OR COMPUTION	DATES IN SANT 17		
	The law requires the attending physician. has been signed by se as the burial-trail harial to be prior to burial, cre			PART 2. OTHER SIGNIFICANT CO	ADILIONS CONTRIB	SUTING TO DEATH BUT NO	JERELATED TO THE TERMINAL I	DISEASE OR CONDITION	GIVEN IN PART I(a)		
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	AN: The law re all or attending icate has been far use as the Malth priar ta	Λ	CERTIFICATION				YES :	KO [
	AN: The			21a ACCIDENT WAS UNDERLYIF			21c. HOW INJURY OCCU	RRED (Enter nature o	if injury in Part 1 or Pa	irt 2, Item IB.)	
	S E E E		MEDICAL	or contributing cause of DEA of either, notify medical exami	HOUR A.M	i. Manth Day Year i. 19					
	PHYSICIAN: The hospital or This certificate etached far to Dept. of Mad	- 1	MEI	as I Million Occupants as	PLACE OF INJURY			ar R.F.D. Na.	City or Town	County	State
	his his	- 1		While Nat while 1216.		OFFICE BUILDING, ETC.	/		•	,	
	ATTENDING stained by th CTOR: After t shauld be de ith the State	- 1			is_bospital\ at	Hondad the decore	d from 197.	6 10 tr	DE LAN	10 68 the	st (I) Iwa) lost
	DIN J by After J be Sta			saw the deceased a	live on A	6 JAN	9 6 8 and that in (my	(emr) opinion de	oth occurred on th	, 17 <u>0a</u> , 1110	r and from the
	TEN SE	- 1		22a. I certify that (1) (# saw the deceased a causes stated above	e, (i) (we) (did	(did not) view the	oody ofter death.	, (00,) 0,,,,,,,,,	om occomod an m	ic doic one nab	and nom me
	OR ATTEN be retained SIRECTOR: / e 3 shauld ed with the	_		22b SIGNATURE	X	0/ /	1			22c. DATE SIGNED	
	oe r			1/1/1/1	794	17976	DEGREE PHYS	MED. DIRECTOR	STAFF		
	AL D Sile file	- 1	ı	22d. PHYSICIAN'S		0	22e, ADDRE	25		OHEATOL	1
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	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far useful be filed with the State Dept. of Mach	ŧ	230	BURIAL, CREMATION, 23b.			CEMETERY OR CREMATORY		OCATION (City or Town)	(County)	(State)
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1		MAKTLAND STATE DEPARTMENT OF HEALTH	
		ULLA 13 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.4.4.4.
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्र <u>व</u>		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY FOR CONTRIBUTING 1	1 IB.)
NER: T certific hould b lles. should rtion, or	3	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M. 19	
Sho sho	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. Na City or Town	County State
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DEPUTY CICAL EXAMINER: cessory, please execute the certing funeral director Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should gith prior to buriol, cremation.		AT WORK AT WORK	
L EXA ecute Page or you R: Pog		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry .	ond in my opinion
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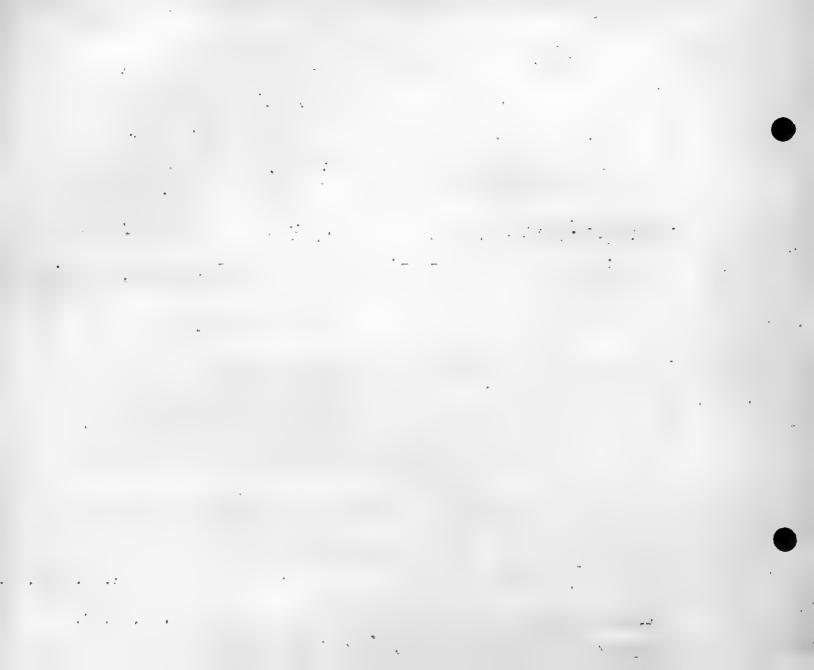
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01114 CERTIFICATE OF DEATH Middle DECEASED-NAME First 20. DATE OF DEATH death and (Type or print) eral signed by the attending physician and completely filled in by the burial transit permit. Then please remave carbon papers. Pages 1 burial cremation, ar removal, and in any event, within 72 haurs after 4. RACE IF UNDER YEAR 3. SEX 6 AGE (In years IF UNDER 24 HRS. after MONTHS DAYS **ROURS** 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hays 8. MARRIED [] NEVER MARRIED [WIDOWED X DIVORCED [120 USUAL OCCUPATION (Find of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hosp-tpl 12b. KIND OF BUSINESS OR give street oddress) / during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased fixed, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER ary land 136 COUNTY on tromery Silver Spring NO 🗔 9743 Hedin Drive 14 FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Michael Rellopanni 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Idediese riv Yes, no or unknown) (II yes give wor or dates of service) 579-40-15790 APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) directar, page 3 should be detached far use as the should be filed with the State Dept. at Health priar to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? MO [Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f 10CATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a I certify that (I) (this haspital) attended the deceased from _______, 1855__, to ______, 1965___, that (I) (we) last saw the deceased alive an _______1965__, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE AGNED 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Ira N. Jublin 200 Pershing Drive 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL CREMATION 23b, DATE (County) (Stote) REMOVAL (Specify) Gate of Heaven Cemetery Silver Opring 2So. REC D'BY REGISTRAR VR A15 (4) DATEFEB 30M REV 1/68 wer opring

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MAKILAND STATE DEPARTMENT OF REALTH
3/1)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01115
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and on the exe	14	FATHER'S NAME FIRST MIDDLE LOST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LOST
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ne deoth certifi ottending phy: permit. Then ion, or removo		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A Page	1	22a. I certify that (I) (this hospital) attended the deceased from 200, 1966, to 31, 1968, that (I) (we) lost saw the deceased alive an 30, 1968, and that in (my) (our) optician death accurred an the date and hour and from the
ATTENI stoined CTOR: A shauld ith the	н	couses stated above, (1) (we) (did not) view the body after death.
AT She s		22b. SIGNATURE 22c. DATE SIGNED
OR De r	н	-R. A Jandtras M.D. DEGREE PHYS DIRECTOR D STAFF D 1-31-68
RAL D		22d. PHYSICIAN'S R. H. Sandetrom M.D. 22e. ADDRESS 7701 Corroll Av - Takonatali. M.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	23	BUBBAL, CREMATION, 23b DATE 23c NAME OF CHAFTERY OR CREMATORY 23d COCATION (City or Town) (County), (State)
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01118 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH First Lost 2b. HOUR (Type or print) Month MELIA nurial-transit permit. Then please remove carban papers. Pages I burial, cremation, ar remaval, and in any event, within 72 hours after 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years F JINDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS DEVS HOURS requires that the death certificate be executed within 24 haurs in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED DIVORCED WIDOWED [completely filled 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitoi 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 130. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER YES NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Lost R 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Edward Dacy-13319 Foxhal Spring, Mo 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), signed by stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 1. . 1926. a. to 19 and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an.... causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR PHYS 22e. ADDRESS 8641 22d PHYSICIAN'S S Spg.Md Colesville NAME (Type) Lennard Gold 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Washington. Glenwood Cemetery ADDRESS/Vashim VR A15 (4) 30M REV. 1/68



				D STATE DEPARTMENT (
+	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
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OR ATTENI be refamed DIRECTOR: A ge 3 should ed with the	1	220 HOWARDE	220 hours	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	115/68				
AL DII	l	224 PHYSICIAN'S	TO ET TOUNG	22e. ADDRESS	DIRECTOR THES.	7700				
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TO HOSPITAL OR ATTENDING Page 4 may be retained by the Control of Funeral Director. After director, page 3 should be a should be filed with the State	230	R IRIAL CREMATION 23h DAT		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)				
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VR A15 (4) 30M REV. 1/68	1	ODERI A. PUMP	nkei, betnesda	a, Maryland	AN 24 1968 Julian	Ein Judge				
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1/	MARYLAND STATE DEPARTMENT OF HEALTH							
	n 2 Film G397 1/29/68 kk CERT	IFICATE OF DEATH	BALTIMORE 1, MARYLAND					
The state of the s	ACE OF DEATH		sed lived, If institution: Residence before edmission					
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Page as a second	NAME OF HOSPITAL OF INSTITUTION (if hot in hospitel, give street e	ddress) d. STREET ADDRESS AMERY Gr	over Rd. V IS RESIDENCE ON A FARM					
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ate of the state o	I certify that (I) (this hospital) attended the deceaw the deceased alive on the decease of the deceased alive on the deceased alive	and that death occurred at 70M, from the	e causes and on the date stated above					
DEAMS	S. SINATURE -	ATTENDING MED.	STAFF 22b DATE					
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	E .				STATE DEPARTMENT			
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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OR A DIRECTOR OR A DIRECTOR OF A S S ed WI		150	07.	Bened	DECRMEE PHYS	MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED	
		22d PHYSICIAN'S	ac 110		DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	1/1/68	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01121 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Month 1968 Grace Devendorf January 6 AGE (In years IF UNDER YEAR IF LINDER 24 HRS 4 RACE S. DATE OF BIRTH 3 SEX last birthday) MONTHS DAYS HOURS White November 9 Female requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH Zo. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TI NEVER MARRIED country) WIDOWED [DIVORCED [Montgomery America New York Md 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban plus should be filed with the State Dept of Health prior taburial, crematian, ar remaval, and in any event, within during most of working life, even if retired.) Give street address! Washington Sanitarium and INDUSTRY Takoma Park 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Montgomery NOT 9032 Piney Branch Road Silver Spr 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Wright Devendor Harry 16b. SOCIAL SECURITY NO 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, ar unknawn) **ベファー1**ルー3279 Patinet's chart APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter anny one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ascular Disease 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES [NO 🚾 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. Stote 21e. PLACE OF INJURY City or Town County 21d. INJURY OCCURRED While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive anhr 15 ___1968, and that in (my) (aur) apiman death/accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S BLUD. E NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION REMOVAL (Specify) Lincoln Mausoleun Prince George **GUNERAL-DIRECTOR** VR A15 (4) Georgia Avenue 30M REV. 1/68



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	1	- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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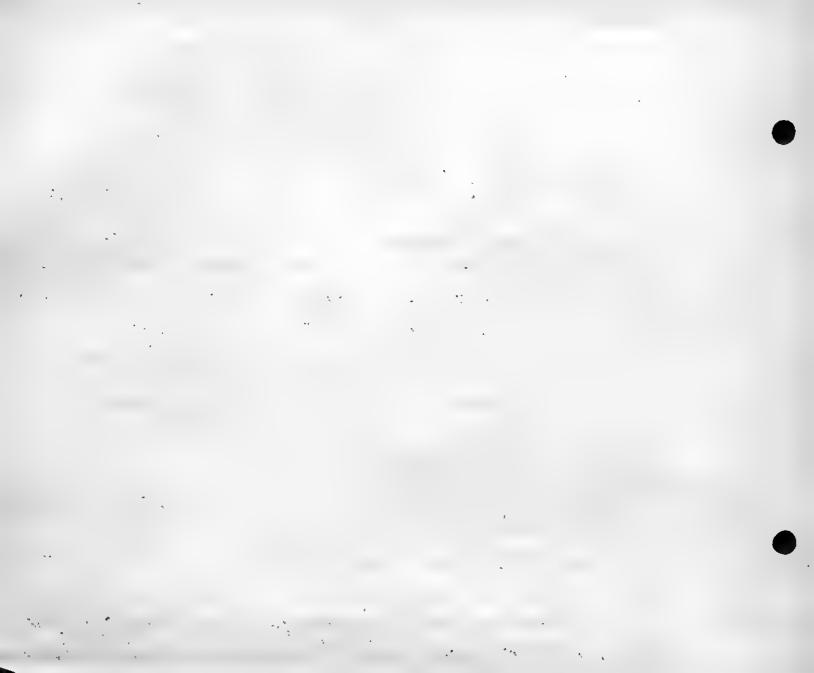


		MARYLAND STATE DEPARTMENT OF HEALTH
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£ 55£		receased NAME First Models Last 20. DATE OF DEATH Control Day Year 26. HOUR A CONTROL DAY YEAR A CONTROL DAY Y
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and co	14.	ATHER'S NAME FIRST Middle Last IS. MOTHER'S MAIDEN NAME First Middle / Co Last
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tificat hysici n ple val, a		(eggs, or unknown) (If yes give war or dates of service) 213 38 4835 HOSPITGL RECORDS 9600 Carroll AVE,
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the law requires the attending physician. has been signed by se as the burial-train hariar to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO []
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ING by the frer be do	П	220 Legitive that (1) (this pospital) ottended the deceased from 1 1441) 2 1.19 64 to 1/44 22 19 68 that (1) (well lost
ATTENDING etained by th CTOR: After t should be d		saw the deceased alive on 21 196 K, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above (1) (we) (did) (did-not) view the body after death.
R AT refa		22b. SIGNATURE ATTENDING MED. STAFF 2c. DATE SIGNED
AL OR yy be ru L DIRE coge 3 filed w		DEGREE PHYS DIRECTOR LI PHYS LIGHT 27 1965 220 PHYSICIÁN'S L.
SPITA 4 ma NERA Id be	,	NAME (Type) LOHN L. FORD MU SILVER SPRING MU
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		on con			COMMIT TO	Cathe		71 - 14	P	arker
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A				1.	He OTTI	IICal Ce	encer,	Decliesua	APP	2001 Z
18. CAUSE OF	DEATH (Enter only on DEATH WAS CAUSED BY		or (o), (b), ond (c) } am negati		aid on	d abook				HTARD DIA TESNO ME
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メフン Canditions if	ony, which gave)		consequence of cute blast	io or	ieie				1	month
rise ta imme	liate cause (a),	\- <u>/</u> - <u>/</u> -	CONSEQUENCE OF	ILC CL.	1919					
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PART 2. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL	DISEASE OR COND	DITION GIVEN	IN PART 1(a)		
= 204.										
190. DATE OF C	PERATION 19b. CONI	DITION FOR WHICH	OPERATION WAS PERI	FORMED	20g AUTOP			'ES, WERE FINDINGS OF DEATH?		N CERTIFYING
RATIE					YES 🔀	NO 🗌		res		
	WAS UNDERLYING	216. TIME OF IN	JURY Nanth Day Year	21c. HO	W INJURY OCCU	JRRED (Enterna	ature of injury	in Port 1 or Part 2	, Item 18.)	
(If either, not	(v medical examiner)	P.M.	19							
21d. INJURY (While No at work a	EWhile 218. PLAC	CE OF INJURY (AL	HOME, FARM, STREET, FACTO	211. LOC	ATION Street	gr R F D. Na.	City o	r Town	County	State
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saw t	ify that (1-) (this h	on Januar	y 17 19	68, and	that in (744)	(our) opinio	n deoth oc	curred on the c	lote and ha	ur and fram the
	s stated abave, (A) (we) (did) (e)	(FAST) view the b	ady after d	eath.		·	Lee	DATE CONTE	
22b. SIGNATUR	The second	1/1	.00	DEGRE	ATTENDING	G MED.	cton \square	STAFF 🛣	c. date signed 1 1 7+6	17 Jan 68
22d. PHYSICIA	NS 0			DLOKE	(1175			il Center		
NAME (T		P. Canel	llos, M.D	•	Inst	itutes	of Hea	ilth, Bet	hesda,	Md.
23a BURTAL, CREM	ATION, 23b DATE		23c NAME OF C	EMETERY OR (REMATORY	2	3d. LOCATION	l (City ar Tawn)	(County)	(Stote)
BLEWOAMS	ofy) JAN	20.196	SERGSTE	HRG N			FROST			LAND
24 FUNERAL DIRECT	TOR. SOWE	RS_HAFT	ADDRESS	S FILE	TER AT	250. RECD BY R	EGISTRAR 10	256. REGISTRAR	S SIGNATURE	Vara
Marila	u M Sowe	WHICH W	RoscVin	THE PARTY	(तंदर्ग स्व	DAH	NO K	40		0





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01126 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decemeed lived, if institution. Residence before admission) o. COUNTY o. STATE. b. COUNTY The law requires that the death certificate be executed within 24 hours affer MARYLAND c. LENGTH OF STAY IN 1b and give nearest town) INSTITUTION (If not in hospital, give street d STREET ADDRESS S RESIDENCE papers ON A FARM? filled NAME OF carban and in any event, wit DATE campletely DECEASED OF DEATH 4 B. DATE OF BIRTH F UNDER YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** buthagy) Months Hours WIDOWED DIVORCED and KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician (even if retired) COUNTRY . 0.0 13. FATHER S NAME or removal. MESTON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN Yes, no, or unknown) [If yes give wor or dotes of service] cremation. CAUSE OF DEATH (Enter on y one couse per ling for PART I. DEATH WAS CAUSED BY: burial-transit 1MMEDIATE CAUSE (o) signed 1 DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). **DUE TO** os the priar to stoting the underlying couse last WAS AUTOPSY PERFORMED? has PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept, of Health NO certificate þ 20g ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING THE CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or fown) (County) (Stote) Hour 'o.m While Not While foctory street, office tilda, etc.) OR ATTENDING of work of work 21 1 certify that (1) (this happing) attended the deceased fram. , and that death accurred a 20 saw the deceased alive an 2 FUNERAL DIRECTOR: M. fram causes and an the date stated above. 220. SIGNATURE ATTENDING directar, page 3 should be filed v MD DIRECTOR PHYS PHYS 22d ADDRES 22c PHYSICIAN S O HOSPITAL NAME (Type) 230 Mi. (Specify 0 2Sb REGISTRAR S SIGNATURE BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01129 CERTIFICATE OF DEATH 01127 1. DECEASED-NAME Eirst M ddla Last 2g. DATE OF DEATH 2b. HOUR death (Type or print) -- Month Julia Victoria Doggett :10PM requires that the death certificate be executed within 24 hours after 3 SEX 4 RACE 6. AGE (In years IF LINOER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH GAYS last birthday) MONTHS : 3-10-15 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 50 DIVORCED [Merican WIDOWED ON+ GOMETU Filled burial, cremation, or removal, and in ony event, within 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR during most of working life, even if ret red) give street oddress) INDUSTRY pou and completely OWIT. HOME 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e SPREET AND NUMBER 13b. COUNTY admission) STATE remove 14 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME First Middle Last 18b. SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address [11 yes give wor or dates of service] Yes, no, or unknown) XXX5781052492 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Urenia BETWEEN ONSET AND DEATH permit. amor 2 days DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Renal Shut Down **J FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremat and rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause last. 603V PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Fracture of right Femur and Adrenal insufficiency 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [NO 🕞 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR-#HIT CAUSE OF DEATH Manth Day Year (If either, notify medical examiner) 10 : O(BM. 11-27- 1967 patient fell at home 11-27- 1967 Corc 21d. INJURY OCCURRED State 21e. PLACE OF INJURY City or Town County OFFICE BUILDING ETC While Not while at work 7908 Wildwood Drive, Takoma Park, home 22a, I certify that (1) (this hospital) attended the deceosed from 3-25-.. 19.63 . 10 1-22-19 68, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an 1-22 causes stated above. (1) (was) (ded) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED.
DIRECTOR 区 1-22-68 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Russell B. Arnold, M. D. 1106 Spring Street. Silver Spring, Md. 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23s NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) REMOVAL (Speafy) o edan Hill Cometery 2Sb REGISTRAR'S SIGNATURE **ADDRESS** 2Sa REC'D BY REGISTRAR VR A15 (4) Georgia Avenue 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01130 CERTIFICATE OF DEATH 01128 death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 month Wheaton 24 hour Silver Sprino d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? YES NO X University Nursino Home 1103 Caddinoton Ave. requires that the death certificate be executed within 3 NAME OF 4 DATE Middle Last Month Doy Year DECEASED (Type or print) and in any event, Fannie (no middle name) DEATH 19 68 Dolin IF JNDER 1 YEAR S SEX 9 AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH lost birthdoy) Months 1/22/1886 WIDOWED X DIVORCED Female White 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Clothing attending physician opermit. Then please during most of working life, even if retired) COUNTRY? Rumania Millinary clerk USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Caroline ? Raphael Simon IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) 076-20-7533 Dr. Eveline D. Schulman, same as 2 above signed by the atter bural-transit permit burial, crematian, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the haspita or attending physician. DUF TO Canditions, if any, which gave rise to immediate cause (a), DUE TO as the stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION OF PART 1(c) 19 WAS AUTOPSY detached far use e Dept af Health p PERFORMED? LER OSIS NO I YES certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (Caunty) factory, street, office bldg , etc.) Not While of work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 20 12212 director, page 3 shauld should be filed with the 19 Grand that death accurred 3 45 M. from causes and an the gate stated above saw the deceased alive on. 220 SIGNATURE 22b. DAJE 5 GNED M.D. DIRECTOR PHYS Mo 22c PHYSIC AN'S 22d. ADDRESS NAME (Type) 1352 University Blvd. E Harold Sterling. Hvattsville 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify)
Burial Hyattsville. Md. Jan 22, 1968 Mt. Lebanon Cem. 24. FUNERAL DIRECTOR 25g. REC D BY REGISTRAR 3 Goldberg Funeral Home 4217 9th Street N.W.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01129 CERTIFICATE OF DEATH First Middle Last 2g, DATE OF DEATH 1 DECEASED-NAME 2b. HOUR requires that the death certificate be executed within 24 hours after death **Funeral** (Type or print) January Month Robert Short DOWDIE 930EM S DATE OF BIRTH IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (in years IE UNDER 1 YEAR signed by the ottending physicion and completely filled in by the fiburial-transit permit. Then please remove carbon papers. Pages burial, cremation, or removal, and in any event, within 72 hours affect. last pirthday) MONTHS May 6, 1936 Male Caucasian 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED country)Texas USA DIVORCED Montgomery WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address Hospital during west of working life, even if retired.) Bethesda 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Texas 13b COUNTY Nacoadoch 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES NO Nacogdoches Route 3. Box 163 IS. MOTHER S MAIDEN NAME First 14 FATHER'S NAME First Middle Lost William Chester Dowdle Reba Zelma Short 17. INFORMANT Nacogdoches, Texas 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes na, or unknown) (If yes give wor or dottes of service) 1954-1968 430 58 8744 Mrs. Catherine K. Dowdle, Route 3 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Terato Carcinoma Mediastinum DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 may be retained by the hospitol or ottending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 164 X 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🗍 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 2) a. ACCIDENT WAS UNDERLYING 2?b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d, INJURY OCCURRED
While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State 22a. I certify that (1) (this haspital) attended the deceased from Oct. 12 , 1967, to Jan. 7 , 1967, that (1) (we) last saw the deceased alive an Jan. 7 , 1967, and that in (vg) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. Jan. 9, 1968 22a, ADDRESS 22d. PHYSICIAN'S NAME (Type) Elliot Perlin, M. D. Naval Hospital, Bethesda, Md. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a BURIAL, CREMATION, BMAAT 数面citA) 1-10-68 Odessa, Texas 2Sq REC'D BY REGISTRAR 25b REG.STRAR S SIGNATURE 24. FUNERAL DIRECTOR Falls Church ADDRESS VR A15 (4) Funeral Home, 1102 West Broad St., Falls Church A: 11 30M REV, 1/68

Va.

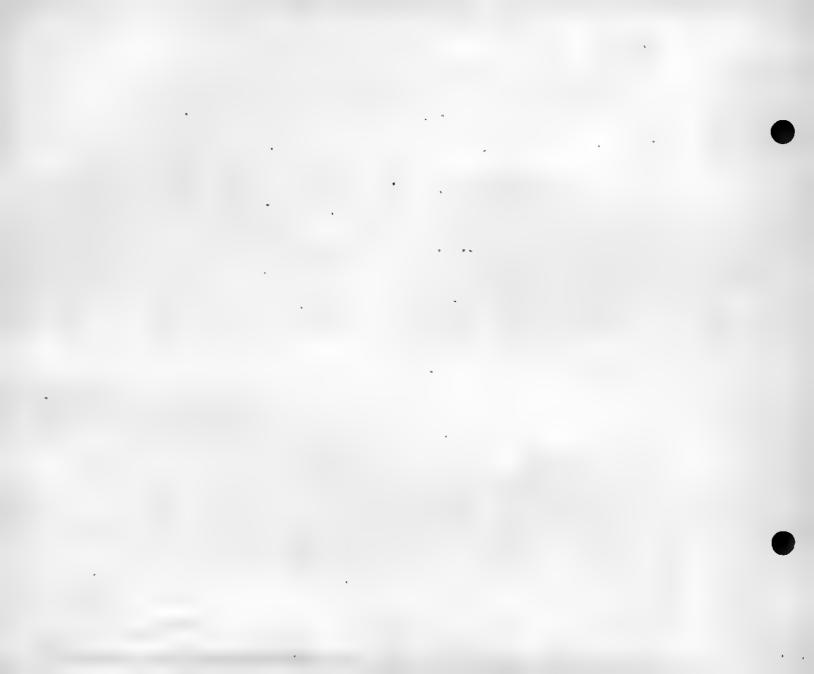
MARYLAND STATE DEPARTMENT OF HEALTH



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	1	1	MARYLAND STATE DEPARTMENT OF HEALTH	21201
1	1	6	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH	01131
t.	offer death the funeral ages 4 and 2 s after death.		LACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Re STATE O	
	hoursoffer in by the fur Pages +		CITY OR TOWN (If outside corporate limits, write RURAL on Wife RURAL and give nearest town) TENSING 9TON - WIFT 9 TO 1/1/68 Washington, DC,	
	2 Be 2	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) (Colsington Cirrlins Scottarium 5730 - Corri A-rea N. W. # IAME OF First Middle Lost 4. DATE Month	369. YES NO PO
	completely cove carbon y event, wh		FECEASED Type or print) EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years 18.	NDER I YEAR IF UNDER 24 HRS.
	in and camplet se remave car d in any event,	10o. duri	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11-BIRTHPLACE (County & State, or foreign country) INDITITY INDITITY INDITITY INDITITY	12. CITIZEN OF WHAT COUNTRY?
	th certificate be exe ling physician and c Then please remo remaval, and in any	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME THE RELIS.	
death cather			Yes WWI WWII D/F-30-4703 Kathryn I. Emmerson (Wile)	2 above
	aw requires that the death certificate be executed within ading physician. been signed by the attending physician and campletely fulls: the burial-transit permit. Then please remove carbon prior to burial, crematian, ar removal, and in any event, withthis		18. CAUSE OF DEATH (Enter on y one couse per line for (q), (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, If ony, which gove) (b)	ONSET AND DEATH
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	G PHYSICIAN: The law rethe haspital or attending this certificate has been defached far use as the te Dept. at Health prior ta	CAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d Injury Occurred 20e Place of Injury (Home, form, 20f. (City or fown)	(County) (State)
	NDING In the by the After the id be define State [MED	21. I certify that (I) (this hospital), attended the deceased fram 19 , 19 , ta , t	19, that (I) (we) las
	Page 4 may be retained by the haspital or attending FO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta		220. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. MED. PHYS. OTHER PHYS. 22. MED. PHYS. OTHER PHYS. MED. PHYS. OTHER PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. P	2b. DATE SIGNED
	O HOSPITAL (Page 4 may b O FUNERAL D director, page shauld be file		22c PHYSICIAN'S NAME (Type) # 22d. ADDRESS NAME (Type) # 23d. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	Kampa) (See)
	TO HO Page TO FUR direct shau		REMOVAL (Specify) Burial 1/4/68 arlington National Cemetery Arlington V FUNERAL DIRECTOR ADDRESS 250. REC D 87 REGISTRAR 256. REGISTRAR	(County) (State)
	VR A15 (4) 20 M 1/66		Joseph Gawler's Sons, Inc., Washington, D. C. DATEAN 5 1968 7720	ween Judge



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and the same of th		04461	DIVISION OF VITAL RECORDS, 3	01 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	0.4
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7 2 4		CEASED-NAME First	Middle	Lost ,	20. DATE OF DEATH	2b. HOUR
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	3 SI		4. RACE	5 DATE OF BIRTH	A ACE (In corner	IF LINDER ' YEAR IF UNDER 24 HRS
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Urs ST	70.1	IRTHPLACE (State or Foreign	7b. CITIZEN OF WHAT COUNTRY?	1/	9. COUNTY OF DEATH	
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and o	14	ATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME	First Greda Middle	Lost
Fe g C	l	HENK	RY N. KOTTE	R XAV	CXXXXXXX	LARSEN
ate icial leas and	160.	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b SOCIAL SECURITY NO	. 17. INFORMANT	Address	011
equires that the death certificate be executed within physician. signed by the attending physician and complete of the burial-transit permit. Then please remove carboa purial, crematian, ar removal, and in any event, with	ľ	es, not or unknown) (if yes give y	578-46-086	2 Jane m	Bulla 300	
certif ig phy Then mova		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).)	-0		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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The Ic atten has b se as fh pric	CERTIFICATION	190, DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS PERF		TAUCTE OF DEATING	MOIDERED IN CERTIFIING
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YSICIAN: aspital ar certificate hed far u		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEA	NG 216 TIME OF INJURY HOUR A.M. Month Doy Yeor	ZIC HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Port 2, It	em 18)
District Party of the Party of	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M. 19			
hay sept.	*	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	RY.) 21f. LOCATION Street or R F.D. M	lo. City or Town	County State
OR ATTENDING PHYSICIAN: be retained by the haspital ar JIRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. af Heal		While Not while at work		63		
be tat		22a. I certify that (1) (th	is hospital) attended the deceased live an	from 1. 1. 1. 19.	(0 d), to yell 21/ , 19_	$\frac{L}{2}$, that (I) (we) last
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TI DE STA	l	22b SIGNATURE	e, (1) (wer (aid) (sin-ner) view life bi	Jay uner deam.	228 D	ATE SIGNED
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Page Shoots	230.	REMOVAL (Specify)		Lincoln Cemetery	, ,	Co. Md.
5-5	24	FUNERAL DIRECTOR	John B. Thomas ADDRESSE	argia Ave. 250. RECP	BY REGISTRAR 256 REGISTBARS	
VR A15 (4)	الم الم	J. D. Resident		Daring Mid DATE JA	BY REGISTRAR 256 REGISTRARS 1	ne more
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	**	21d INEURY OCC While Not w	URRED 21e	PLACE OF INJU	URY (AT HOME.	FARM, STREET, FACT ILDING, ETC.	GRY.) 21f. LO	CATION Street	ar R.F.D. No),	City or Town	Co	αuntγ	State
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O HOSPI Page 4 r O FUNER director, should t	230.	BURIAL, CREMATI REMOVAL (Specific	ON, 23b.	DATE	2		EMETERY OR	crematory 1 Crem	atam		CATION (City or Town)		ounty) rylar	(State)
5-52,7		REMOVAL (Specific Premata) FUNERAL DIRECTO		-2-68		ADDRESS	r. IITT			~	Suitland RAR 25b. REGISTI		4	10
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the ror rs after rs after rs after	3. SE	X	4 RACE		2.	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS GAYS	IF JNOER 24 HRS
rs a Paga		Female		White		26 May 190		59 YRS.		
hou hou	cour	IRTHPLACE (State or foreign try)	76. CITIZEN OF W		B. MARRIED XX	NEVER MARRIED	9. COUNTY	OF DEATH		
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con		ATHER'S NAME First	Middle	<i>\(\lambda</i>	Lancast	OTHER S MAIDEN NAME		407 Gillsbr Middle	ook Road	
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ph ph novo						: Medical I	tecorus	2 THE OTTHY	APPROXII	WATE INTERVAL
E La		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause per l USED BY. —	line far (a), (b), and (c).) 					hours
dea ten rmit rmit			EDIATE CAUSE (o)	Bronchopneu	monia				20	nours
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d b		stating the underlying cau	30	Avcosis Fur	aobios				3	years .
uire hysi gne uria uria		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	ITING TO DEATH BUT N	DI RELATED TO T	HE TERMINAL DISEASE O	R CONDITION :	GIVEN IN PART 1(a)		V CO. 1. 3
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ndin ndin bee th iar t	NOE!	190. DATE OF OPERATION	96 CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20o AUTOPSY?	20	b. IF YES, WERE FINDINGS	ONSIDERED IN CE	RTIFYING
he arte	CERTIFICATION					YES NO	r.	LISES OF DEATH?	25	
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ye 3 shauld be detached far use as the burial-trailed with the State Dept. of Health priar ta burial, cre		21a. ACCIDENT WAS UNDER			21c. HOW			injury in Port 1 or Port 2,		
CIA E E E E E E E E E E E E E E E E E E E	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF (If either, notify medical ex	OFATH HOUR A.M. gminer) P.M.	. Month Doy Year						
IYSI nasp cert chec pt. c		21d INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D.	No.	City or Town	County	Stote
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ING by t fter se c		22o. I certify that *** saw the decease	(this haspital)_at	tended the deceas	ed fram 8 N	ovember., 19	_67, to	17 Januaryl	_68_ , thot	(X) (we) last
END ed ed lid I		saw the decease	dive an 17	January) (dyl pot) view the	9 <u>68</u> , and t	hotin-{m/y} (our) o	pinion dec	th occurred on the d	ote and havr	and from the
OR ATTENDING De retained by the VIRECTOR: After is a shauld be ded with the State		22b SIGNATURE	ove, ty (we) (did	(NEW MOL) VIEW THE	Dody direi de	A111.		77ε	DATE SIGNED	
REC TO WITH A WI		Mex	of Di	Cist	DEGREE	ATTENDING PHYS.	MED DIRECTOR	CTAFF	Jamiary	- 106¢
AL C		II2d. PHYSICIANS			7		Clini	cal Center,	Nationa	1700
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar ta		NAME (Type) Jos	eph D. Cro	oft, gr.	V			lealth, Beth		
HOS Gulf auf	23o	BURIAL, CREMATION, 2	3b DATE	23c NAME OF	CEMETERY OR CR			ATION (City or Town)	(County)	(State)
0 g 0 g g		BURIAL, (REMATION, 2 PENGYAL SOCOTY)	1-20-68	Lanca	ster M	em. Park	Lar	rcaster, S	o. Car	lina
VR A15 (4)		FUNERAL DIRECTOR		ADDRESS		2So RECE	BY REGISTRA	R 2Sb. REGISTRAR S	SIGNATURE	
30M REV 1/68	R	BERT A. PU	MPHREY.	Bethesda	. Marv	Land DATE JA	NZ4	1968	1 2 150	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 011351. DECEASED NAME Lost 20. DATE OF DEATH 2b. HOUR please remove carbon popers. Pages 1 and 1, and in any event, within 72 hours ofter death (Type or print) Month RANDALL S DATE OF BIRTH 6 AGE (In years requires that the death certificate be executed within 24 hours after last birthday) MONTHS 8/6/08 Nole 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗔 filled in country) U.S.A. Montgomer WIDOWED [DIVORCED | Nebraska 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done / grye street oddress V C + 0 5 5 12b KIND OF BUSINESS OR during most of working life, even if retired) VerSoring the attending physician and completely sit permit. Then please remove carbon Retired Rudget Director 130 USUAL RES. DENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d INS DE CITY LIMITS? odmission) STATE 13b COUNTY YES 14. FATHER'S NAME Bush Robert Longland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address [If yes give war or dates of service) Yes, no. or unknown). burial, cremation, or removal, Gene Mari 217-42-8617 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the attendir burial-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate hos been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Bleene use as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🖂 NO X 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) ģ TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year 7 (If either, notify medical examiner) P.M. be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 3, 1968, to 24, 1968, that (I) (we) lost saw the deceased alive on 3, 1968, and that in (my) (our) opinian death occurred on the date and hour and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did ngt) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) George William Ware 1235 9. Street N.W. Washington 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) 236 BUR AL CREMATION, (County) REMOVAL (Specify) Silver Spring Md. Mont. January 26, 1968 Gate of Heaven 25b REG STRAR'S SIGNATUR 250. REC'D BY REGISTRAR 8434 Georgia Avenue Money DATE JAN Silver Spring. Pumphrey.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01136 CERTIFICATE OF DEATH Middle Last 1 DECEASED-NAME First 2a. DATE OF DEATH 2h. HOSER death. (Type or print) Manth JOHN FANNING R. Jan. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF ITNOER 24 HRS DAYS 1/13/15 last birthoay) MALE WHITE 53 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Penna. U.S.A. MONTGOMERY WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hespital give street oddress) HOLY Cross Hospital Doring most of working life, even if refired) INDUSTRY OF THE CLOSE HOSPITAL OCCUPATION (Kind of work done INDUSTRY INDUSTRY OF THE CLOSE HOSPITAL OCCUPATION (Kind of work done INDUSTRY INDUSTRY OF THE CLOSE HOSPITAL OCCUPATION (Kind of work done INDUSTRY I and in any event, within 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Silver Spring remove corbon Silver Spring 1500 Forest Glen Rd

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before odm ssion) STATE Md. 13b COUNTY Mont. SXXXXXXX 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed NO T 5005 Cushing Dr. 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Francis Fanning Stella Russell 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Winnifred Fanning (If yes give wor or dates of service) Same as Yes, no, or unknown) Item 13. d09-03-7292 buriol, cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATI PART I DEATH WAS CALSED BY IMMEDIATE CAUSE (a) Connective DUE TO, OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Canditians, if any/which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ICOL os the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO TZ O FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health | 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INUURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County White Nat while at work 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF DEGREE 22d. PHYSICIAN S 22e. ADDRESS MD. 930/60 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Silver Spring, Md. Gate of Heaven Cem. 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 25 o. REC'D BY REGISTRAR VR A15 (4) PUMPHREY, Bethesda, Md. 30M REV 1/68

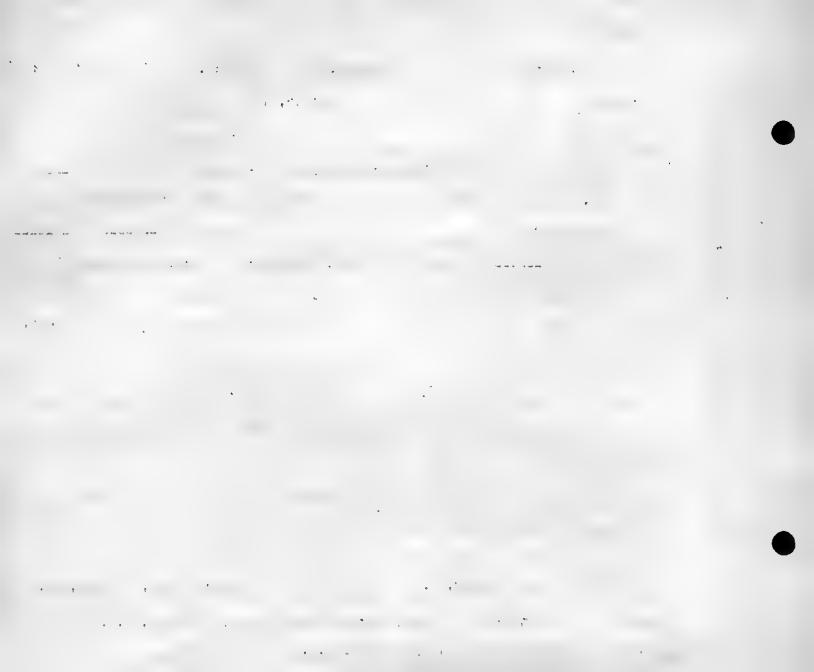
MARYLAND STATE DEPARTMENT OF HEALTH



		H.	MARYLAND STATE DEPARTMENT OF HEALTH	
No.	1	ı	01139 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
par			CERTIFICATE OF DEATH	01137
	= TUF		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
	Aberol one er deaf	1	Type or print) VIRGINIA H. FEELEY Jan. Month y Doy	68 11:15 M
	± 2 ±	3. 5	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years 1.15	UNDER 1 YEAR IF UNDER 24 HRS UNTHS DAYS HOURS MIN
	s offers	L	F W 7-16-1701 66 years	HITS ONLY HOURY BING
	by the		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	4.11
	in 24 filled ir paper.	\perp	ALABAMA U.S.A. WIDOWED DIVORCED VIONI GO ME	
	Hill Hill Hill Hill Hill Hill Hill Hill	1	give street oddress) []	126 KIND OF BUSINESS OR INDUSTRY
	with stely f arban it, with	130	USUAL RESIDENCE (Where deceased lived, if Institution. Residence before 18c. CITY OR TOWN 13d MISING CITY LIMITS 13e. STREET AND NUMBER	Own Home
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	equires that the death certificate be exphysician. signed by the ottending physicion and buriol-transit permit. Then please remburiol, cremation, or removal, and in on		Claude Hardy Unknown	
	icior licior leas			ne Street
	ohys		No 214-32-9491 Mas Thomas Brown Silver Spri	na Clarifond
	em Th		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
	endi mit.		IMMEDIATE CAUSE (a) Cate como a of pari creas with	4- MON.
	that the d an. by the ott ransit per cremation,	1	Canditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Sytehative metastates.	
	nsit		rise to immediate cause (a).	
	quires the physician signed by buriol-traisouriol, cre		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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	돈으로 없고 🔥	CERTIFICATION	AP NO	
	AN: The ol or att icate ha for use Health		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item	n 18.)
	STCI Spite entities ed : of : of	MEDICAL	(If either, notify medical examiner) P.M. 19	County State
	PHYSICIAN: e hospitol or his certificate stoched for u Dept. of Heal	~	21d. INJURY OCCURRED While Nat while of work 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town OFFICE BUILDING, ETC.	County State
	NG I	П	22a. I certify that (I) (this haspital) attended the deceased from 18 30, 1967, to 17, 1965	that (I) (wa) lost
	d be d be street of the street	1	saw the deceased alive on	and hour and from the
	aine Societ E tale		causes stated above, (I) (we) (did) (did not) view the body ofter death.	5.00.50
	OR ATTENDING be retained by th IRECTOR: After i 3 should be d et with the State	1		ge signed B 168
	moy be RAL DIR	1		
	PIT, mo ERA Ir, p		22d. PHYSICIAN'S NAME (Type) HAROLD S. TIDLER M.D. 22e. ADDRESS 8402 FENTON ST.,	S.Ş.,MD.
	TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	230	BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
	5		Burial (Specify) Jan. 11, 1968 Arlington, Nat L. Cemetery Arlington, Ud	7.
	VR A15 (4)	24	John S. hangs Luss Junes 8434 Description Ave. 250. RECID BY REGISTRAR'S SIG	4 0
	30M REV. 1/68	14	James & Pumphrey Inc Silver Sain Md DATE JAN 11 1988 Julian	and June 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01140 01138 CERTIFICATE OF DEATH Middle Last DECEASED NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) ESTHER Month 30 Day 8:10 FEFFERMAN 1968 JAN. 4. RACE 5. DATE OF BIRTH burial, cremation, or removal, and in ony event, within 72 hours often 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. by Tin. Pages last bythday) HOURS Female White Aug 15, 1893 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED requires that the death certificate be executed within 24 ha New York USA Montgomery WIDOWED FX DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life, even if retired.) **Housewife** INDUSTRY physicion and completely need properties of the physicion of the physician please remove carbon. Wheaton University Nursing Home 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE MG 9006 Linton Street 13b. COUNTY Silver Spring No Montgomery 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Selig Morris Lena 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) Arthur Fefferman as 13 above none same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (A) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY W U B Conditions, if any, which gave) burio -transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to b Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗀 NO XX director, page 3 should be detoched for use should be filed with the State Dept of Health 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from Ward 1966, to 1966, that (I) (we) last sow the deceased alive on 1-25 1965, and that in (my) (evr) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type Jason Gerger, M.D. 800 Pershing Drive, Sil Spg. 23g. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) BULL Specify 1-31-68 Beth Israel Cemetery Woodbridge, N.J. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 4217 9th Street N.W. DATE JAN VR A15 (4) Goldberg Funeral Home 30M REV 1/68





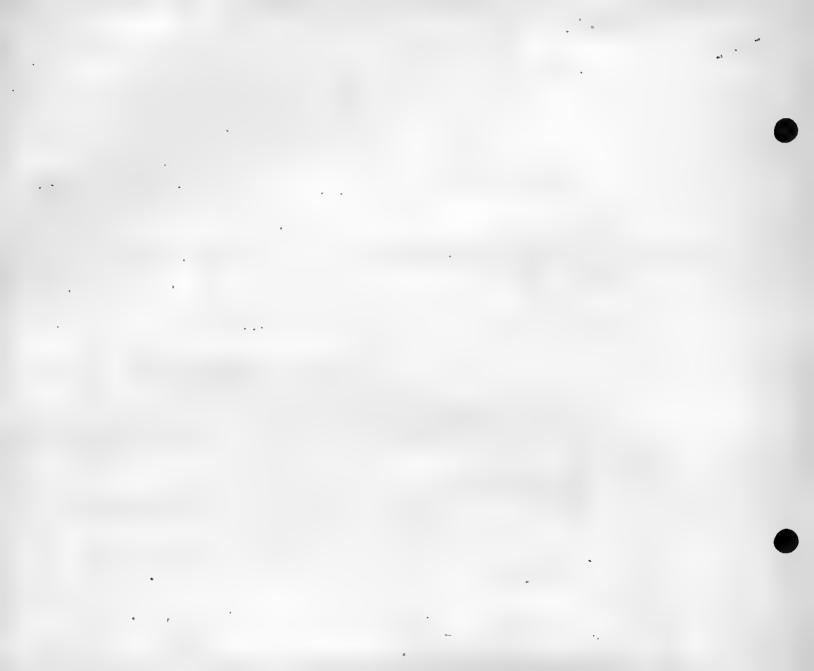
1 1	lt	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01140
HEALTH DERT	J P	ECEASED NAME First Made Last 20 DATE KNOWN Manth Type or Print)	Day Year 2b HOUR
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0 20 2	4	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH	1968 5 2 M
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4 ho 1 the 2 off		FRANK FINK MARY MILISSE SE	3/1, 4
within 24 hours o pencil in Item 18. cominer's Office ol le poges land 2 w 72 hours affer dec		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2007	The is every will
with Exom Fle p		es no of unknown) (Hyes give wor or dotes of sarvice) 577-14-3057 CHAN L. Hink 44 West D.	APPROXIMATE INTERVAL
should be executed with some word "pending" in period the Chief Medico! Exortariol-transit permit. Flein ony event within 72		18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
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uld ord e Ch		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho ne w o th burik		(c) Fracture of Hip	3 ys
AL EXAMINER: This certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, or. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form of for your files. TOR: Page 3 should be used as a burial-transit permit. F le pages 1 and 2 with the State Dear of cremotion, ar removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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NER: The certifico hould be lles. should to stion, ar	AL CER	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 THE OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 1 HOW AM.	Item 1B.)
NER houl illes. sho	MEDICAL	CAUSE OF DEATH P M Jon 5 19 68 Tell of frome — 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, farm, street, 21f LoCATION Street or R FD. No (ity or Town)	County State
XAMINER: ute the certi age 4 should your files. Page 3 shoul		fortage affice hulding etc.)	Auntgemery Med.
NL EX xecute Poge for ye for ye		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	-
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o DEPUTY SICA necessary, please exthe funeral director. S may be retained o FUNERAL DIRECTOR Health prior to bur		NAME (Type) Sohn G Ba 11 ADDRESS (Street, city, town, or county) Bethes	
the TOF		BURIAL (REMATION 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Jown)	
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Д 2 1. VR A15ME (5)		Robert A Pumphrey 7557 Wisconsin Ave	- 0
. 0 7 10M REV 1768		Bethedda, Md DATE FEB 2 1968 Julia	TON A TON



				MARYLAND ST	'ATE DEPARTMENT O	F HEALTH		044	4.4
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- Am		CEASED NAME Firs	t	Middle	Last	2a. DATE OF DE			2b. HOUR
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at the state matin	1	Conditions if any, which gave use to immediate couse (a)	(0)	erl bro	noneula	in alcu	ckeny	a polol	M
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physic signed burial-		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN	PART I(a)	2 0	,
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r att	CERTIF	6 despetation of the competition	INC. Jan. Sur Dr. Du	IDW.	YES NO	'X		10.1	
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		While Not while at work	OFFI	CE BUILDING, ETC /	((/		
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OR ATTENDING be retained by the SIRECTOR: After in a 3 should be ded with the State	L	saw the deceased	alive on ver(I) (we) (did) (did	nat) view the bady	, and that in (my) (aur) after death.	apinion death acc	urred an the date	and havr and	tram the
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O HOSPITAL OR ATTENDING Page 4 may be retained by fi O FUNERAL DIRECTOR: After director, page 3 should be d should be filled with the State		22d PHYSCIAN'S NAME (Type)	NWAR	REN	22e ADDRESS	acer	il n	216	
IOSF UNE UNE ector	230	BURIAL CREMATION, 23b	. DATE	23C NAME OF CEMEN	ERY OR CREMATORY	23d. LOCATION	City or Tawn)	(County) (State)
Page 6	1	REMOVAL (Specify)	1-15-68	Cerley	stan /atl	en ar	ingtan	- 1/0	w .
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	1	ADDRESS	1 9 250. RE	C'D BY REGISTRAR	25b REGISTRANS SI	GNATURE JUS	lge.
30M REV 1/68		Collins	Mus o Laca	n Kain	el Del DATE	ALL TO 10	00	10	U



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECCASED NAME First Middle Lost Lo	01142
HEALTH DEPT.		Type or Print)	Doy Yeor 2b HOUR
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- E O	COUR		1
	10. (ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
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s after 18 Giv alang 2 with t		LSUAL RESIDENCE (Where deceased lived, if institution Residence before be CITY OR TOWN 136 INSPECTIVE MISS? 13e STREET AND NUMBER	and a
ers a lee al d2 w	0	dission) STATE Va- 136 COUNTY Richmond Richmond YES & NO 1 4727 Patte	erson obt.
21 hours in Item 18 er's Office car land 2 v	14 F	ATHER'S NAME First Middle Lost 35 MOTHER'S MAIDEN NAME First Middle	Lost
21 In Electric Control of State Control		John 7 Harry Kate Walton	
This certificate whould be exacuted within 21 haves after weath cate, writing the ward pending in pencil in Item 18 Give Pag be farwarded to the Chief Medical Examiner's Office along with it be used as a burial-transit permit. File pages land 2 with the Sarremaval, and in any event within 72 haurs after death.	160 (1	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (Hyos give war or dates of service) 220-44-9361 Son Carlisle W. 410 OAK St. Goi	thoral on well
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be ex≡cuted wit pending in pe nief Medical Exar ansit permit. File event within 72	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: Carry A cute This of the country A cute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e e)		Conditions, if any, which gove Due to, or as a consequence of Conditions, if any, which gove Discoviar Disease -	4215
vard vard ary e		Tise to thi mediate couse (a),	700.5
That the chief at the Chief at the Chief burial-transit in any ever		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
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his ate, e fa be u	CERTIFICATION	WAS PERFORMED?	YES NO X
		210 EXTERNAL CAUSE WAS 21b. T ME OF IN. JRY Month Day, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, it	em 18)
the certification of small by the sample of	MEDICAL	CAUSE OF DEATH P.M. 19	
the 4 sl	≈	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, white Not white Not white foctory, office building, etc.)	County Stote
		AT WORK AT WORK	49
OR or year		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection XI, Inquiry X	
		deoth resulted from: Notural causes 🔼, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner	
TY Signature 17. The state of t		ACTUAL John 9. Bell CHIEF MEDICAL EXAMINER (1) 226 DATE	SIGNED
ITY, ieral be be pri		SIGNATURE OF STATE OF	10 1668
o ETFUTY necessary, p the funeral 5 may be n 0 FUNERAL Health prior		NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	10.11
the the Her	230	BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (Stote)
-	B11	rial 1/20/68 Forest Lawn Richmond, Va.	
	124	FUNERAL DIRECTOR - FUNERAL Home 1334DDR SOCK VILLE PILE RECO BY REGISTRAR 256 REG SIRAR S.	
VR A15ME (5) 10M REV 1/68		Rockville, Md. DATE JAN 24 1968	res Judge



MARYLAND STATE DEPARTMENT OF HEALTH



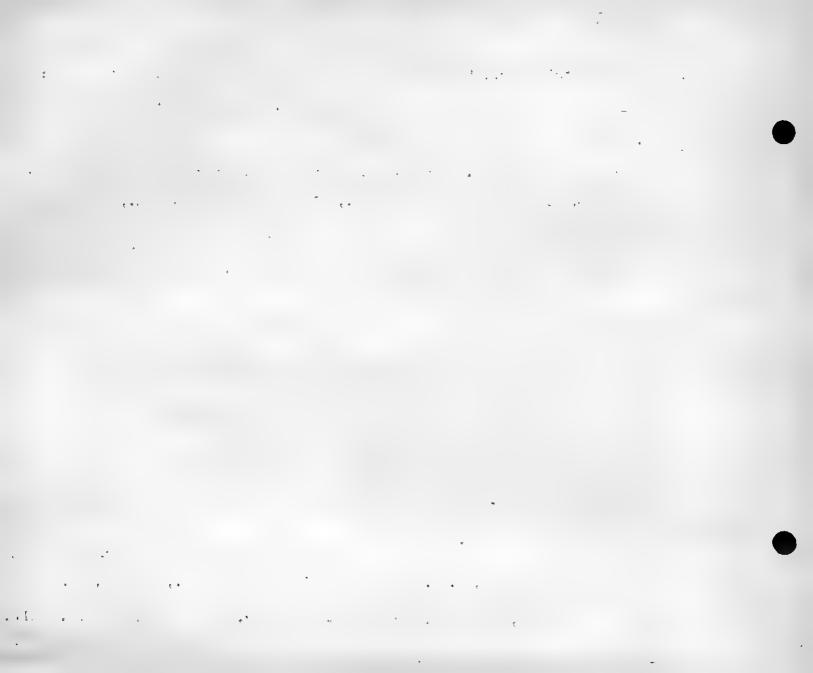
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31146 CERTIFICATE OF DEATH 01144 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Prince Gleores law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (f outside cardiarate limits. c LENGTH OF STAY IN 16 c CITY DR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d NAME OF HOSPITAL DR INSTITUTION (If not in hospito, give street oddress) NO. 3. NAME OF DATE Last Doy Year DECEASED 1968 DEATH F UNDER 24 HRS S SEX 8 DATE OF BIRTH IF JNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys WIDOWED DIVORCED Un known 100 USUA, DCCJPATIDN (Give kind of work done TOO. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Poland KOUSECU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Nursing Home 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEE ONSET AND DEATH IMMEDIATE CAUSE (o). DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse director, page 3 shauld be detached far use as the shau d be filed with the State Dept. of Hea.th priar ta PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? · a Rterioscienstic Heart NO I 2Do ACC DENT WAS UNDER YING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work ot work Page 4 may be retained by 21. I certify that (I) (this hospital) attended the deceased from Soft 6 1966 tak/AN. 26 1965, that(1) (we) last 19 0 and that death accurred at 10:32 2 M, fram causes and an the date stated above saw the deceased alive an-220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. 228 ADDRESS RIPSHTULE 22c PHYSICIAN S G. SHERERMAN O FUNERAL NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY DRAREMATORY 23a BUR AL CREMATION. BREMOVAL (Specify) t. Zion Cemi; Long 5 13174 24 EUNERAL DIRECTOR 25o. REC D BY REGISTRAR VR A15 (4) Laurang 24 DATELAN 25M 1/67



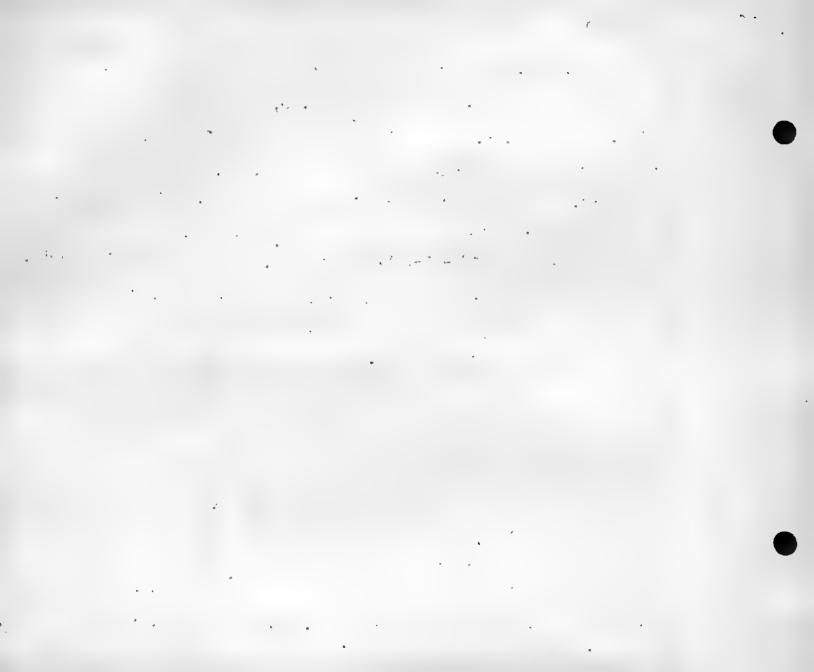
,	MARYLAND STATE DEPARTMENT OF HEALTH
17.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1,/-	CERTIFICATE OF DEATH
. 2	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
a pet	(Type or print) / Month Day Year (27)
and deat	Frank Sands French 17 68 V-AM
\$ 13.25 E	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yeors 15 UNDER 1 YEAR 15 UNDER 24 MRS. 15 UNDER 24
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have been	70. BIRTHPLACE (Stote or foreign country) A ARYLAND 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 COUNTY OF DEATH
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within tely fillerban pa	TAKAMA PARK give street address) JOSPITA RET. QONTRACTOR VELVOLENM Ser.
and campletely filled an remove carbon papers in any event, within 72 h	130 USJAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md. 13b. COUNTY Mondgamery Silver Sping YES NO 209 Hardwell Rd.
mov mov	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be my and a remain and lin and	William Henry French Emily Ott
requires that the Teath certificate be executed within 24 hours interproon a physician. Signed by the attending physician and campletely filled to by the fuseral burial-transit permit. Then please remove carbon papers Pages I and a burial, cremation, ar remayal, and in any event, within 72 hours after death	160 WAS DECFASED EVER IN LS ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MAN ELIA FRENCH Address 13-6-13-4708 (Yes, no, or unknown) ("yes give were or dates all service) HOSPITAL RECORD 9600 Carroll
cert p pt hen nav	APPEOXIMATE INTERVA.
ath adding r.re. T	PART I, DEATH WAS CAUSED BY:
lec inter	Immediate Cause (o)
e a a lipe	Conditions, if only, which gove) DUE TO, OR AS A CONSEQUENCE OF CONTROL OF CO
at th r the nsit p	rise to mmed ate couse (a).
equires that the Teath physician. signed by the attendicherial-transit permit. burial, crematian, ar re	stoling the underlying couse DUE TO, OK AS A CONSTANT OF
hysi agne uria	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN IN PART 1(o)
ng P	= Papillary Carinoyla of Urinan Dadger arkesteet
law andling bee	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1 72 200. AUTOPS ? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
afte after has see of the p	190. DATE OPOPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 3 79 700. AUTOPS ? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 THAT DE WHILES 3 196 WINDIRG OCCURRED (FILER DEBUGS OF DEATH?)
N.: Tar Tar tar teal	
of the state of th	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19 2 d. INVIEW OF CHERRED 2 to PLACE OF INVIEW AND HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.E.D. No. (ity or Town County State
PHYSICIA e haspital his certific stached fo	The figure of the fact of the first of the f
this De	White Not while at work of work
ING Dy t frer Se o	220. I certify that (I) (this haspital), ottended the deceased from 1955, to 1/41, 1965, that (I) (we) lost
ATTENDIN etained by CTOM: After should be	saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
ATT ATT Stair By	22c DATE SIGNATURE
oll be red w	DEGREE PHYS DIRECTOR D STAFF PHYS. D \$2277.1965
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOF: After this certificate has been signed by director, page 3 should be defached for use as the burial-transfeould be filled with the State Dept. of Health priar ta burial, creased.	22d PHYS CIAN S COME TO THE TRAIL SECTION OF THE TR
UNE OST	230. BURIAL CREMATION, 23b. DATE 1968 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
O O O O O O	Runial (Specify) Wed Jan 10 Cedar Hill Cemetery Suitland, Maryland
	125 UNERAY DRECUET C Clen Carten Sul 311 ADDRESS REGE ALLO 250 RECD BY REGISTRAR SIGNATURE
30M REV/1/68	Warner E. Pumphrey, Inc. Silver Spring Md MAN 10 1968 yellanles Judge



		04455		D STATE DEPARTMENT OF		
1		01147	DIVISION OF VITAL RECORDS,			21201
				CERTIFICATE OF DEATI	Н	01146
= (4)=		ECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b HOUR
dend dend	1	Type or print) Anni	e Jeannette Fulfor	d	Mont 1	5/1968 Yeor 5:00P M
funerol- funerol- in and A	3. S	EX	4. RACE	S. DATE OF BIRTH	& AGE (1	In years FUNDER 1 YEAR FUNDER 24 HRS
aft the ages s afi	1	Female	Negro	2/16/1878	lost bir	thday) MONTHS DAYS HOURS MINI
ours afte by the f Pages ours afte	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 hours after led in by the full appers. Pages 1 n 72 hours after		^{ntry)} No. Carolina	USA	WIDOWED DIVORCED	Monto	nomery County Md.
filled in Papers.	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a. U	SHAL OCCUPATION (Kind of	WORK done 19h KIND OF BURINESS OF
pletely fill graphs		Wheaton	give street oddress)	Nursing Home Do	most of working life, even mestic worker	if retired) INDUSTRY
	13a	USUAL RES DENCE (Where decease	sed lived, if institution Residence before	13c. CITY OR TOWN 13d INSIDE C	ITY CHATS? 13e STREET AND	NUMBER
completely over drawn y event with	adm	ussian) STATE Washinoton. DC	13b COUNTY	Wash., DC YES	NO □ 18 Que	St. NE
d co		FATHER'S NAME First	Middle Last	15 MOTHER S MAIDEN NAM		Middle Lost
and and in on		Charles (?) Ne.	lson	Madora ?		
rian ease	160	. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SECURITY			Address
ifice and a signature of the signature o	l '	fes, na, ar unknawn) (II yes give v	var or dates of service)			
equires that the death certificate be executionally physician. Signed by the ottending physician and comburial-transit permit. Then please remove burial, cremation, or removal, and in any elementation, or removal.			nly one cause per line for (a), (b), and (c)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
f din	П	PART I. DEATH WAS CAUSE	D BY:	OVE		DELWECK UNSET AND DEATH
ne death offendir permit. ion, or re	П	4369 IMMEDIA	ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	770		
t the the sit pe	П	Canditians, if any, which gave				
hot .r y ∰ snsi		rise to immediate cause (a), stating the underlying cause((b)			
quires that the physician. Signed by the burial-transit burial, cremat	П	last,	(c)			
luir gne uria uria		PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART	1(0)
ng Program s b b b b b b	,	17.50				
or the state of th	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?		E FINDINGS CONSIDERED IN CERTIFYING
The offer has se a	18			YES NO	CAUSES OF DEATH	1?
N: or are r u; eoft		21g. ACCIDENT WAS UNDERLYIP	NG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (E	inter nature of injury in Part	1 or Port 2, Item 1B.)
E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Manth Day Year ner) P.M.	9		
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral-plants of should be defached for use as the burial-transit permit. Then please remove arbon papers. Pages 1 and all should be defached for use as the burial, cremation, or removal, and in any event within 72 hours after death ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death	Ē	21d INTERY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA		No. City or Tawn	County State
this lette	L	While Not while at work of work	tonia sommio, cic			/
Ter tote d	1	22a. I certify that (I) (th	is hospital) attended the deceas	ed fram 12/21/	9.62, to	5, 19_6 &, that (I) (we) last
ed bed bed bed bed bed bed bed bed bed b	П	saw the deceased a	ilive an (did) (die not) view the	1965 and that in (my) (our)	opinion death occurred	on the date and hour and from the
The State		22b. SIGNATURE	e, (th (we) (ala) (ale not) view the	body difer death.		22c. DATE SIGNED
OR A DIREC		228. SIGNATURE	MASSITOO	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	1 1AN 5 1948
	Н	22d. PHYSICIAN'S	XVI / TEN			2 3 / 190
RAIL Be be	1	NAME(Type) Walt	er Goozh, M. D.	2309 Sho	refield Rd.,	Wheaton, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	. BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or	Town) (County) (State)
Pog Page		REMOVAL (Specify)	n 9,1968 Linco	In Memorial Cemete	ery. 4001 Sui	tland Rd, Pr.Geo.Nd.
VR A15	24	FUNERAL DIRECTOR	ADDRES:			REGISTRAR S SIGNATURE
30M REV (1) 49	1.5	Retie Toul Con	909 1ty ST 21	Z/ DATE J/	AN 10 1968	John Judge
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	ı			301 W. PRESTON STREET, BAL		
+		01149		CERTIFICATE OF DEATH		01142
beath.		CEASED NAME First ype or print) CL'A	Middle LTER S	FORLOW	20 DATE OF OEATH JANUARY Month 23 Day	Year 68 6 136 M
the under of the u	3. 58		4 RACE Cauc.	S. DATE OF BIRTH Dec.10.1	6 AGE (in years last berinday)	SF JNOER 1 YEAR OF JNOER 24 MRS MONTHS DAYS HOURS MIN.
hours	7o. 1	BIRTHPLACE (State or foreign (S) Minn.	7b. CIT.ZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 COUNTY OF DEATH Montgomery	
1, 24 Illed j pape in 72	10. 0	MI TITE . ITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED ISTITUTION (If not in hospital 120 US	UAL OCCUPATION (Kind of work done	Md. 12b KIND OF BUSINESS OR
within ely fi	K	ensington	give street address) Carroll 1	during Adv	most of working life, even if retired) • Mgr. Newspaper	INDUSTRY
completion of completing completing contracting contra	13a. adm	USUAL RESIDENCE (Where decease secon) STATE Md.	ed lived, if institution: Residence before 13b COUNTY MONTGOMERY	Chevy Chase	umussi 13e. Street and number 100 5819 Highla	
be exe			C. Furlow Lost	IS. MOTHER'S MAIDEN NAME Elizal	beth Jones	Lost
trficate hysician n pleas val, and	16o.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w Yes WW	AED FORCES? 16b SOCIAL SECURITY 578-10-2	082 Gertrude D.	Furlow Same as	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital as attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functor and director, page 3 should be detached far use as the burial-transit permit. Then pleas remave carban papels. Pages found should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after a should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after a should be filed with the State Dept.		PART 1. DEATH WAS CAUSES	ATE CAUSE (a) HYPER 16	NSIVE HEART	DISE-ASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the the at nsit per mation		Canditians, if ony, which gove nise to immediate couse (a),	(D)	4.4	ENSION	
ires th ysician ned by rial-tra		stoting the underlying couse last.	OUE TO, OR AS A CONSEQUENCE OF		FRIOSC LEROSIS	
w requing philips per signification of the property of the pro	No	44.3>	SEWILIT	IOT RELATED TO THE TERMINAL DISEASE OF	· ·	
The lar attend has be se as i	CERTIFICATION	19a. OATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	YES ☐ NO §	_ ;	
ital ar tificate tificate d far u	MFDICAL CE	21a. ACCIDENT WAS UNDERLYIN or contributing cause of Deat (If either, notify medical examin	H HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (En	ter nature of injury in Port 1 or Part 2, It	em 18)
PHYSI he hasp this cer letache Dept.	W	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	(CTORY.) 21f. LOCATION Street or R.F.D. N		County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOM: After this certificate has been signed by directar, page 3 should be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar ta burial, cre.		22a. I certify that (I) (the saw the deceased a	Is hospital) ottended the decease live an	ed from JAN 14, 19. 19, and that in (my) (our) o	pinion deoth occurred on the dot	e and hour ond from the
OR ATTENDIN Se retained by OIRECTOR: After 8 3 should be ed with the Sta		22b. SIGNATURE	De Lordey M	D DEGREE PHYS	22t. D.	ATE SIGNED 4 N . 23, 1968
PITAL (may be ERAL D		22d. PHYSTCIAN'S NAME (Type) HENR	Y M. LOWDEN	22e. ADDRESS	of Horway	w.
ro Hospital Page 4 may To FunERAL director, pag shauld be fi	2 3a	BURIAL, CREMATION, 23b. I REMOVAL (Specify) 1		CEMETERY OR CREMATORY	23d LOCATION (City or Town) Suitland, Mai	(County) (State)
VR A15 (4) 6 30M REV. 1/88 3	24	DIMEDAL DIDECTOR	PHREY, Bethesda	Hill Gremators 250 RECT Maryland DATE F	BY DECISTDAD 20% DECISTDAD C	



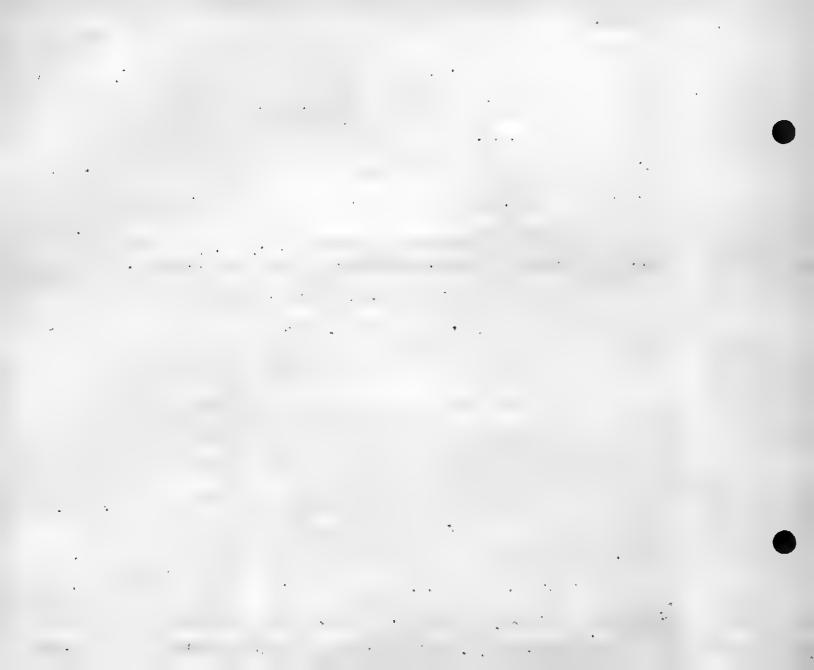
	_ 1			MARYLAND STATE DEPARTMENT OF HEALTH O 1 1 5 () DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1				CERTIFICATE OF DEATH	01148
	E E E			PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution R COUNTY D. COUNTY D. COUNTY	tes dence before odmission)
	y the for		-	b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL or write, RURAL and give negress town)	nd q ve nearest town)
	hours in by ers Po			Wheaton (I not in haspital, give street address) d. NAME OF HOSPITAL OR INST JUTION (If not in haspital, give street address) d. STREET ADDRESS	e IS RESIDENCE
	illed 1 paper hin 72			University Nursing Home 9408 Wire Ave	ON A FARM? YES NO
	etely tarban arban ar, wet	1.		NAME OF DECEASED (Type or print) Lillian) Cocilia Gallagher DEATH Jawa	Doy Year 1968
	se executed with'n 24 and campletely filled remave carban pape in any event, within 7	1	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IT lost bythdoy) Mo	UNDER I YEAR FUNDER 24 HRS
	be ex and e rem		10a duri		12 CITIZEN OF WHAT COUNTRY,?
	ertificate be physicion of nen please loval, and ir			FATHER'S NAME 14 MOTHER'S MAIDEN NAME	USA
	h certi ing ph Then emav		15	Hugh ///a CL NN'S Catherine Barrett Was Difference by I to Social Security NO 17 INFORMANT Address	
	ne death cei attending p permit. The		(Ye	s, ng, ar unknawn) (If yes give war or dates of service) 577-16-0035 Mrs John Bowles, 9408 Wire	Ave SS. MO.
	requires that the death certificate be executed within 24 haurs affer a physician is signed by the attending physician and completely filled in by the full bundi-transit permit. Then please remaye carbon papers Pager is bur al, crematian, or remayal, and in any event, within 72 nours after			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	equires that the physicion signed by the burial-transit is bur al, cremati			Conditions, if any, which gove) (b) Platelet deficiency	2 months
	v requiring photon signer signer to but to but			nse to immediate cause (a), stating the underlying couse	
	The law re attending has been see as the l		NO	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
	AN: The of or oth irote ha for use Health	7	CERTIFICATION	200 ACCIDENT WAS JINDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.)	YES NO
	by the hospital of the this certificate be detached for State Dept. of He.		WEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20f (C+ty or town))	(County) (State)
	NG PI y the ter this e detc		MEDI	Haur a.m. Not While Not While factory, street, affice bidg., etc.)	
	TENDI Ined b OR: Af- puld b			21 I certify that (1) (this haspital) attended the deceased fram, 1952, ta, ta, saw the deceased alive an	
	OR ATTENDING be retained by th JIRECTOR: After t e 3 should be de ed with the State			220 SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIR	2b. DATE SIGNED 1
		1		220 PHYSICIANS NAME (Type) 22d ADDRESS 9801 Flancota for Sa	love of fring ted.
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil		230	BJRIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Nt. Olivet Washington.	(County) (Stote)
	VR A15 (4) 25M 1/67		24	FUNERAL DIRECTOR CONTROL SON ADDRESS 250 RECD BY REG STRAR 25b REGISTR	AR SSIGNATURE
	25M 1/67	4		rancis & Weller - 3821-1457 N. M. DAHAN IV 1000 }	0



- 1	01121			EPARTMENT OF HE		
	01151	DIVISION OF VITAL RECORD	*	STON STREET, BALTIN TE OF DEATH	MOKE, MAKYLAND 21201	01149
	DECEASED-NAME First	Middle	CERTITION	Lost	20. DATE OF DEATH	2h HOUR
	(Type or print) Georg	ie H.	Ga	nson	Manth Da	147 Year 10 P1
3	sex male	4. RACE White		DATE OF BIRTH	6 AGE (in years lost birthday)	IF UNDER YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a	BIRTHPLACE (State or fareign untry)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED 12	NEVER MARRIED 9.	COUNTY OF DEATH Montgomer	a County "
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR g ve street address)	INSTITUTION (If not i	n haspital 120 USUAL during mas	OCCUPATION (Kind of work dane at a f working ife, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130		set lived, if institution. Residence before	0,19	S Hote	e/ Owner	71014
	mission) STATE Florid	la lab. COUNTY	1 De/ra	YES NO!	1 722 Nor7	theast 2no ST
3 14.	FATHER'S NAME First	Middle Las	1 IS. N	NOTHER'S MAIDEN NAME FIRS		Last
16	George d. WAS DECEASED EVER IN U.S. AR	Henry Ganson		Min DRMANT	nie Address	Miller
1"		werr or dates of service) 272-09		Amelia L.		
	18 CAUSE OF DEATH (Enter o	nly ane couse per line for (a), (b), and				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS IMMED	ED BY. IATE CAUSE (0) Creb	ral a	nexia		
	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE	OF CO.	1 1/2.1	Disease +	2 mo
	rise to immediate couse (a), stating the underlying cause	OUE TO OR AS A CONSEQUENCE	AF 1	TR. HERN		7/
	<u>iast</u>) (0			sease	2gr
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(a)	
NOTE	19a, DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	S PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
CENTINGATION				YES NO	CAUSES OF DEATH?	٤.
		NG 21b. TIME OF INJURY ATH HOUR A.M. Month Day Y	21c HOW	INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2,	, Item 18.)
MEDICAL	(If either, notify medical exam	niner) P.M.	19	TION CAMAL OF D. D. No.	City or Town	County State
	While Nat while at work	OFFICE BUILDING, ETC.	211. LUCA	TION Street or R.F.D. No.	City of Town	County
L	22o. I certify that (i) (t	his haspital) attended the dece	ased from	12/24,196	2, to	9 CE, that (I) (We) Jo
	sow the deteosed	olive on re, (I) (we) (did) (did not) view t	19 <u>C2 i,</u> ond t he body ofter de	hat in (my) (oor) opin oth.	ion deoth accurred an the d	ote and haur ond from th
	22b. SIGNATURE	1//	5 1	ATTENDING ME	D. STAFF 22c	DATE SIDNED
-	1 de	h. Paletin	VECREE	PHYS DIR	RECTOR LI PHYS LI	1/17/68
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS		1
23		. DATE 23c NAME	OF CEMETERY OR CR	EMATORY	23d. LOCATION (City or Tawn)	(County) (State)
	Crema Cion			matorium	Washingto	
24	FUNERAL DIRECTOR	ADDR Home Washin		2So. REC D BY	N 22 1968 REGISTRAL	s signature
1.	Tee rineral	Home Washin	gron 1)	OAIL		4 4



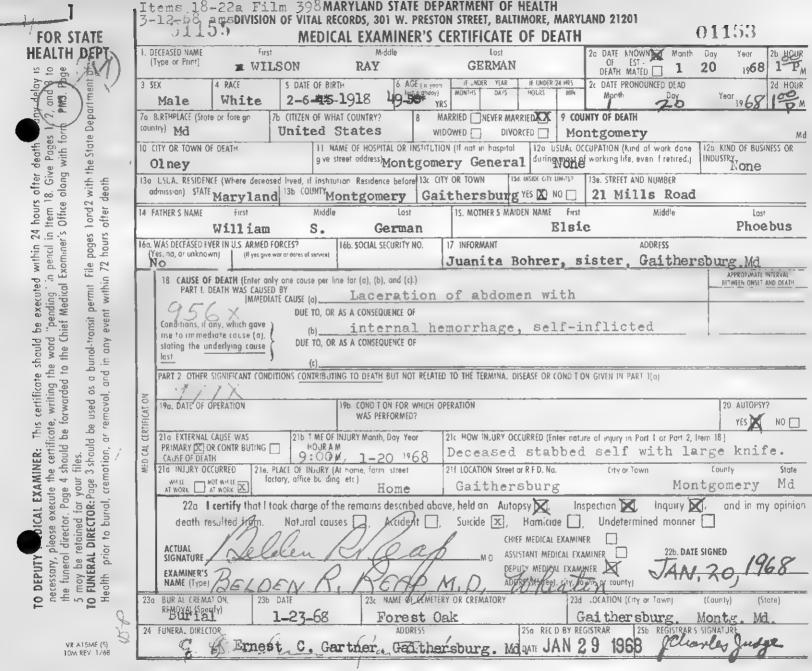
		00000				LAND STATE						
		01152		DIVISION	OF VITAL RECO	10E 20S	ESTON STRE	ET, BALTIMOR	RE, MARYLAND 2	1201		
					Todai 20	CERTIFIC	ATE-OF D	EATH			0113	50
		CEASED-NAME ype or print)	First		Middle		Last	20	DATE OF DEATH Month	Day	Year	26 HOUR
			Wil.	liam	llarold	Ge	atches		Janua	rv 5.	1968	605/P M
	3. SE	Х		4. RACE			S. DATE OF BIRT	Н	6. AGE (in last births	rears	IE UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MLN
		dale		Whit			5 June		39	YRS.		1,000
	7a {	IRTHPLACE (State or	foreign		F WHAT COUNTRY?	8 MARRIED	NEVER MARRI	CULL I	UNTY OF DEATH			
-]		^{my)} Indiana		U.S.		WIDOWED			Montgomery			Md
1	10 C	Bethesda	īН		11. NAME OF HOSPITAL give street address) The Clini	or institution (if a	r NIII	during most of	CUPATION (Kind of wo working life, even if OSSOT	rk done retired.)	12b KIND OF INDUSTRY Univers	
_,	13a.	USUAL RESIDENCE (W	here decea	sed lived, if the	stitution: Residence be	efaçe 13c CITY OR	TOWN 13c	H. HISIDE CITY LIMITS?	13e STREET AND NU			
Į.	- J	ssion) STATE laryland		Ann	e Arundel	Annapo	lis I	ES NO 🖳	Route 5,	Box 2	:6-BB	
	14. F		First	Mide		ast 1S	MOTHER'S MAID	EN NAME First		Middle		Last
Ì				Geatch				Muriel	<u> </u>		Burris	5
- 1		WAS DECEASED EVER es, na, ar unknawn)	(If yes give	war ar dates of service	16b. SOCIAL SECI	JRITY NO. 117. I	IFORMANT The	Medical	l Records	iddress		
Į	_	Yes		6-60		113016 IV	C CITILIT	La L. Lein	er verues	<u>da, Ma</u>	ryland	20014
		18. CAUSE OF DEAT	H (Enter or	n y ane cause p	per line far (o), (b), a Localize	d(c)) empye	ma.				BETWEEN OF	NSET AND DEATH
		TAKI I. DLATII	IMMEDI	IATE CAUSE (a)	Localize	d empyem	sa intra	a abdomin	nal		da	ys
		1000	Late and		OR AS A CONSEQUEN		- T				0.5	
		Canditians, if any, vise to immediate	cause (a),	(b)	Acute my		Leuken	nıa			25 m	onths
		stating the underly	ing cause	DUE TO,	OR AS A CONSEQUEN	E OF						
			UEICANT CO) (c)	DIDUTING TO DEATH I	DUT NOT BELLTED TO	TUE TERMINAL I	SICTACE OD CONDIT	TION GIVEN IN PART 10	-)		
		PART 2. OTHER SIGN	IIFICANI CO	INDITIONS CONT	KIBUTING TO DEATH	SUI NUI KELAIED IL	THE TERMINAL L	PSEASE OKCONDIT	IION GIVEN IN PART IL	1)		
	TION	19a. DATE OF OPERAT	ION 19h	CONDITION FO	R WHICH OPERATION W	AS PERFORMED	20a. AUTOPS	Y?	20b. IF YES. WERE F	INDINGS CO	ONSIDERED IN CL	RIFYING
1	CERTIFICATION	.,					YES 🗔	NO []	CAUSES OF DEATH?			
		21a. ACCIDENT WAS	UNDERLY	NG 216 TW	NE OF INJURY	21c. H0			re of injury in Part 1 o	ar Part 2, 1	tem 18.)	
	MEDICAL	OR CONTRIBUTING [CAUSE OF DEA	HOUR	A.M. Month Day P.M.	Year 19		•			*	
	MED	21d INJURY OCCUR! While Nat while at wark at wark	PED 21a	. PLACE OF INJI	JRY (AT HOME, EARM, STE DEEICE BUILDING, ET		CATION Street	or R.F.D. No	City or Town		County	State
		22a. I certify th	nt (4) (th	nis haspital)	attended the de	reased from 1.1	Octoba	r. 1967	. tor Tanua	19	co that	(We) Inst
		saw the de	ceased o	olive on 5	January	19 <u>6.8</u> ., an	that in (mx)	(aur) apinian	, to 5 Janua: death accurred a	n the da	te and haur	and from the
		causes stat	ed abav	e, (%) (we) (did) (coccourt) view	the bady atter	eath.			22. [DATE SIGNED	
		22b. Significant	40	10		MD DEGR	ATTENDING	MED.	OR PHYS X		anuary	1060
		22d. PHYSICAN'S	<u> </u>	178	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1.10 0100	22e. ADDRE	ssche Cli	nical Cent	ter	Nationa	1
-		NAME (Type)	Robe	rtC	Young, M.I).	Insti	tutes of	Health, Bo	thes	da,Md.	20014
	23a	BURIAL, CREMATION,		DATE		IE, OF CEMETERY OR			LOCATION (City or To		(Caunty)	(Stote)
1	B	REMOYA, (502) 21	/-	9-68	BAN	to N	ATIONA	76 7	BALTIMORI	=		140.
8	24	FUNERAL DIRECTOR		1	AD	DRESS - 300	1 2	Sa. REC'D BY REG	GISTRAR 2Sb. RE	GISTRAR S	SIGNATURE	. dais
3	177	n 14. 4/09.	TOTX	TOUNI	(Muco	ole, 11/10	10 1	DATE JAN	10 1968	fine	well for	1



,	The same				MARYLAND STATE DEPARTMENT OF HEALTH
	ナ、	1			01153 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7 1	(AA)	•			CERTIFICATE OF DEATH 01151
-		N		1. DE	CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
		E A		(1)	THE OF PRINT CARROLL LEE GEORGE JAN 7 1968 M
		5 - 3		3. SE)	4. RACE 5. DATE OF BIRTH 6. AGE (In years 4 FUNDER 24 HRS.
1	s afte	rages urs an			MALE CAUCASIAN MARCH 30, 1908 last birthday) YRS MOVIHS DAYS HOURS MIN
	our by	-		7a. 8	IRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MADDIED T 9 COUNTY OF DEATH
•	4 h	22 h		U4	ASHINGTON, D.C. U.S. WIDOWED DIVORCED MONTGOMERY . Md
	illec	<u>g</u> .=		10. CI	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF RUSINESS OR
	vith.	with /	50	B	ETHESDA give street address) during most of working ite, even iteratived in DUSTRY PLANT MAINTENANCE MAN C. SNAVAL
	d v	in ti		13o.	JSUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13c, CITY OR TOWN 13d, INSIGE CITY LIMITS? 13e, STREET AND NUMBER
	cute	eve	a	odmi:	SIGN) STATE MARYLAND 136 COUNTY GOMERY BETHESDA YES NO 10607 KENILWORTH AV.
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after se retained by the haspital or attending physician. IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundamental completes the complete of th	in any event, within 72 haurs	,	14. F	CARROLL LEE GEORGE IS MOTHER'S MAIDEN NAME First A DAMMEYER Last
	ertificate be	ease and		160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT
	trific hysi	Val.,		Y	ES KOREAN MONE.
	at the death cer	E E			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	fig.	H 15			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cecute cover any thermores
	de de	II,			4/C / DUE TO, OR AS A CONSEQUENCE OF
	the the	a ti			Canditions, if any, which gave
	hat T	ans em			nse to immediate cause (a). Stating the underlying cause Due TO, OR AS A CONSEQUENCE OF
	es t sicia sid b	= <u>-</u> -			los (Corangy cuterior cereor
	quires that physician. signed by	burial-transit burial, cremat			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
	rec	9 Q		احا	· ·
	law ndir bee	ë i		OL 1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The law requires the attending physician. has been signed by	tar use as the Health prior to	V	CERTIFICATION	YES NO CAUSES OF DEATH?
	or or	all a	1	8	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY . 21c. HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part 2, Item 18.)
	to to	f He		₫	Find or contributing in the contribution of Death 1 HOUR A.M. Month Day Year 1
	rspi	t o		MEDICAL	
	OR ATTENDING PHYSICIA be retained by the haspital DIRECTOR: After this certific	be detached far use as the burial- State Dept. of Health prior to burial,			TOTAL TOTAL TRANSPORT
	St. I	ate de			of work at work 1964, to 3000 1965 that (1) (we) last
	Aft.	Stat			22a. I certify that (I) (this haspital) attended the deceased from 1964, to 1964, to 1964, to 1964, that (I) (we) last saw the deceased alive an 1964 and hour and from the
	TEN inec	# de			couses stoted obove, (I) (we) (did) (did not) view the bady after death.
	AT refer	es ÷			226 SIGNATURE 27 ATTENDING MED STAFF 22c. DATE SIGNED
	Se la	ed y		Н	ALLAN (5 Continendegree PHYS DIRECTOR DIRECTOR DIAPHYS. D) Jone 8,1968
	may RAL	pad e fil			22d. PHYSICIAN'S DON B. CAMERON 22e. ADDRESS 3503 MF FRAINIBR. M.D.
	OSPI 4 n	uld t	6	20	differential and the second se
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been	director, page 3 should should be filed with the	1	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Tawe) (County) (State)
)"	24.	EINERAL DIPETTOR
	30A	/R A15 (k) W REV, 1/	68	11	W. CHAMBERS G. RIVERDALE, MARYLAND DATE JAN 15 1988 Pelianles Judge.
				N.A.	

a 6.		nade e D	INICION OF			EPAKIMENI 1		1 , MARYLAND 21201		
(VI)		01154	IAISION OL			TE OF DEA		, MARILAND 21201	0115	2
death.		ASED-NAME First or print) MARK		Middle	GER	last MAN	2a. D	ATE OF DEATH Tan. Month 11 Do	y Year 6	2b HOUR 10:55
	3. SEX	Male		u.	S	1/11/68	8	6. AGE (In years lost birthday) YRS.	IF UNDER YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. 7 45
4 haur 4 in by sers. P 72 hour	countr	Maryland	O. CITIZEN OF WE		WIDOWED	of the second	Mo	ontgomery		Md.
vithin 2	Si	or town of DEATH	give s	AME OF HOSPITAL OR IN street oddress) Ho	lyCros	S duri	ing most of w	ATION (Kind of work done orking life, even if retired) worked	12b KIND OF INDUSTRY	BUSINESS OR
cuted v omplete ve carl event,	13a US odmissi	UAL RESIDENCE (Where deceased an) STATE Md		an. Residence before			DE CITY LIM TS?	30 STREET AND NUMBER 1013 Robin	Rd	
and con removin only	14. FA1	HERS NAME First Bruce	Middle	last Germ		Mother's Maiden N		M ddle		Lost
ficote ysicion pleose al, and	16o. W Yes	AS DECEASED EVER IN U.S. ARMED no, or unknown) (If yes give word		16b. SOCIAL SECURITY	NO 17 IN	FORMANT Bruce Ge		father) Address		
th certi ding ph . Then remov		CAUSE OF DEATH (Enter only		ne for (a), (b) and (a oltiple Co		l Anomali	0.0		APPROX.A GETWEEN O	MATE INTERVAL INSET AND DEATH
he deo a atteni permit tion, or		1517 IMMEDIATE	DUE TO, OR A	AS A CONSEQUENCE OF	-					
that to to to to the to the transit crema	ri si	se to immediate cause (a), oting the underlying cause	1	AS A CONSEQUENCE OF		<u>lemorrhage</u>	2			-
PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after e haspital or ottending physician. The low requires that this certificate has been signed by the attending physician and completely filled in by the further far use as the burial-transit permit. Then please remove carbon papers. Pages Lopet. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	F	st. 7593 ART 2 OTHER SIGNIFICANT COND! Prematurit		TING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITIO	N GIVEN IN PART 1(0)		
The low ottendin has bee is as the h prior f	CERTIFICATION			ICH OPERATION WAS P	ERFORMED	20a AUTOPSY?	N0 🔁	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CE	RTIFYING
CIAN: The sital or off the far use of Health p	₹ 1	o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH f either, notify medical examiner	21b. TIME OF HOUR A.M. P.M.	Month Day Yea		W INJURY OCCURRED	(Enter noture	of injusy in Part 1 ar Port 2,	Item 18.)	
PHYSI he hosp this cer etached Dept. o	Í	1d. INJURY OCCURRED 21e. PL	ACE OF INJURY	AT HOME FARM, STREET, FO OFFICE BUILDING, ETC	ACTORY.) 21f LOC			City ar Tawn	County	State
Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre	2	20. I certify that (I) (this sow the deceased aliv couses stated above,	hospifal) atti e an Jan (1) AMS (did)	ended the decease	sed from Ia 1968, ond body after de	thot in (my) (ou eath.	19 <u>68</u> , 1 r) opinion d	o_Jan_11, 19 eath occurred on the d	68_, that ote and hour	(I) (We) last ond from the
OR ATT De retair IRECTO 9 3 sho		2b. SIGNATURE Cuthern	11 -	ster -	DEGRE	ATTENDING -	MED. DIRECTOR	22c.	DATE SIGNED	
FITAL of the many the ERAL Down, page of the file	2	2d. PHYSICIAN S NAME(Type) Arthur		sler		22e ADDRESS 10581 Lc	ckwood	Dr.,Silver S	Spring,M	d.
O HOSPITAL Page 4 may O FUNERAL I director, pag	3પી	URIAL, CREMATION, 23b DA Έμηργηψί(Specify) 1/1:	7/68	Gate of	(EMETERY OR C	l .	Si	LOCATION (City or Town) Lver Spring,	(County) Md •	(State)
VR A10-14 30M REV. 1/68	24, [WERAL DIRECTORIES Fund	eral Horokville	ne-133100RES	ckville	Pike 250. R	JAN 2	IRAR 25b. REGISTRAR	s signature week you	de la

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1		65 mt DIVISI	ON OF VITAL RECORDS, 30				71	0441 4	
/ FOR STATE	_	01756	MEDICAL EXA			DEATH		91154	
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- W 2 3 3 3		CEC		RRIS	GIBSON		STI-	26 168	1
delay 3	3 5		S DATE OF BIRTH 126	6 AGE (in years	IF UNDER 1 YEAR IF UND NTHS DAYS HOURS	DÉR 24 HRS 21 DATES PRI	ONOUNCED DEAD	V	2d. HOUR
2, an		MW	9-28-80	AST HYRS		7-7	1-26	Yeor 19 68	743
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haurs after death Item 18 Give rage Office along with and 2 with the Stat	-	AKOMA PARK	WASH.S	AN & HO	SPITAL D	RIVING LN	TRUCTOR.	Easy Me	thod G
s after 18 Gri e alang 2 with death		USUAL RESIDENCE (Where dece mission) STATE	osed lived, if 'institution, Residen	3 1 4 6 -		/	AND NUMBER	1	
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hin 24 ncii in niner's pages hours		VAS DECEASED EVER N.U.S. ARME 25. n.o., or unknown) _ (15 yes g			NFORMANT	1 -	ADDRESS		
with per Exam		YES W	WII 227-22	2-9936	WIFE (JE	AN SAI	ME		==:=:
_ = 41 44 ,		18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b)	, ond (c))		_		APPROXIMATE BETWEEN ONSET	
shauld be executed ne ward "pending" in a the Chief Medical E burial-transit permit. F I in any event within		PART I DEATH WAS CAU	SED BY: Acute Co	ronary In	sufficiend	Э			
exe endi Me Me		4129	DUE TO, OR AS A CONSEQ						
be in p		Conditions, if any, which gove rise to immediate cause (a)	(b) Coronar	y Artery	deart Dise	3 ASC			
auld vard he Ci ial-tra		stoting the underlying couse		UENCE OF					
sha e w a th in t		lost.) (c)						
ate of the section of		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE C	IR CONDITION GIVEN IN P	ART 1(o)		
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is certifi te, writir farward farward ie used a remaval	E S	190. DATE OF OPERATION		ON FOR WHICH OPERAT RFORMED?	ION			20 AUTOPS	A.S
this certifiate, writing farwants be used a remayal	CERTIFICATION					<u> </u>		YES	но 🗌
The lifted d be all the lifter of the lifter	3	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. T ME OF INJURY Month, HOUR A.M.	Doy, Yeor 21c.	HOW INJURY OCCURRED	(Enter noture of injury in	Port 1 or Port 2, 1t	em 18)	
DICAL EXAMINER: Itse execute the certific ectar Page 4 should be ined far your files. RETOR: Page 3 should a burial, crematian, or	MEDICAL	CAUSE OF DEATH	PM	19					
	₩.		 PLACE OF INJURY (At home, form foctory, office building, etc.) 	, street, 21f i	OCATION Street or R.F.D.	No City or	Town	County	5tote
XAM nte th ge 4 yaur Page crem		AT WORK AT WORK	roctory, office bolloning, etc.)						
ical Exacute for Page and far you CTOR: Page buriel, cre		22a. I certify that	toak charge of the remains	descriped above, h	eld an Autopsy 🔀	Inspection N	, Inquiry	ond in n	ny opinion
Pur Ge de G		death resulted from	Natural causes	Rogident 🔼, S	uicide 🔲, Homi	cide Undeter	mined monn		
please e I director retained L DIRECT		1/5	00 6/1	1/2-11	CHIEF MEDIC	AL EXAMINER			
TY, ple y, ple aral dia be reth RAL D		ACTUAL SIGNATURE	Coden A	1000	M.D. ASSISTANT A	MEDICAL EXAMINER	22b. DATE	SIGNED	
Sary, Innera		EXAMINER'S	///	111.0	DEPUTY MED	DICAL EXAMINER 🔀	TAA	1211	968
TO DEPUTY EDICAL EXAM necessary, please execute the tuneral director Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) /2EL	DEN/	MEAP.	M. D.DDRESSIS	eeracus, jower, or county) 4/4	יולטאיו	,
5 g ± 25 g	230			NAME OF CEMETERY OR	CREMATORY	23d LOCATION (C	ity or Town)	(County) (Stote)
,		REMOVAL (Specify)	1/29/68	jeorge Wasi	rington Cen		wille P	.G. 1	Jarula
6m	24	FUNERAC O PECTOR	Es C. Eilen (ADDRESS	25o. R	EC D BY REGISTRAR	25b. REGISTRARS	S GNATURE	- 1
VR A15ME (5) 3	11)a	rner E. Pumphi		ia Ave. S.	S. Md DATEJ	AN 30 1961	3 1000	les Judy	100

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		1 5 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01155
HEALTH DEPJ.		ECEASED-NAME 7 First Middle / ast 20 DATE KNOWN Month	Doy Year 2b HOUR
2 5 8 \ 12 W	1	Type or Print) testfyeel Marshall tibson DEATH MATED 1 Jane	9 1969 3
nd 3 to nd 2 t	3 S	X / 4 RACE / S DATE OF BIRTH / 6 AGE (In years / IF UNDER 1 / EAR F UNDER 24 HRS 20 DATE PROMOUNCED DEAD	2d HOUR
2 2 Z	1	Tale 18 3/18/3/ 18/3/ Washington Months Only Hours M.N. Month Tage Day 9	Yeor 19 68 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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- E/ 49.	COLT	No. Car. 16. J. H WIDOWED DIVORCED TOTAL GOOMS	and Md
tage in the feet		ITY OR TOWN OF DEATH I. NAME OF HOSP TAL OR INSTITUTION (4 not in hospital 120 USUAL OCCUPATION (King of work dong)	126 KIND OF BUSINESS OR
ve Page g with 1 the Stat	17	give street oddress) July building most of warking the, even if returned)	INDUSTRY
Gay ing	130.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OF OWN 13d inside city limits? 13e STREET AND NUMBER	7 ,
haurs after death tem 18. Give Page Office along with and 2 with the Stat offer death.	0	dmission of the VES INO I 8507- 130	sellord.
haurs Item 19 Office 1 and 2	14. F	ATHER'S NAME / Middle / Jost IS MOTHER'S MAJOEN NAME First Middle	Lost
af a so a		Halek Gibbon Claude Marsh	all
hin 24 nal in n.ner's pages haurs		WAS DECEASED EVER IN U.S. ADMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT father ADDRESS	
w thin 24 penal in xam.ner's ite pages 72 haurs	()	(65, no or Unknown) (16 yes give war or dates of service) 239-76-9659 Ralph E. Gibson Same as It	tem 13.
ecuted warding in pe Medical Example Permit. File	-		APPROXIMATE INTERVAL
mit.		18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) GUN Shot Wound of Chest.	BETWEEN ONSET AND DEATH
wed wed		1.0.2 1 INVESTIGATE OF A CONSEQUENCE OF	
per per lef l		Conditions, I only which gove) (b) accordinated when following will gum.	
Page 4 5		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e he ward "per ta the Chief I burral-transit		lost.	
the state of the s		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficat ing rded as c as c		711(
war war war	FICAT ON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
NER: This certificate should be executed within 24 hours after death certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, hould be farwarded to the Chief Medical Examiner's Office along with formites should be used as a burial-transit permit. File pages land 2 with the Stafe By should be used as a burial-transit permit. File pages land 2 with the Stafe By than, or removal, and in any event within 72 hours after death.	2	WAS PERFORMED?	YES NO DE
The bear of a	<u>F</u>	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	
ER: certificauld last shaul	MEDICA.	PRIMARY TO OR CONTRIBUTING HOUR AM JEN 9 1968 Playing with gun according went	to off.
sho sho file of sho sho sho sho sho file of the office of	₩ED	21d N.JRY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town	County State
se execute the certification. Page 4 shauld ned for your files tectors. Page 3 shauld burial, cremation,		WH. S. AT WORK AT WORK D. foctory office building, etc.) AT WORK D. AT WORK D. foctory office building, etc.) 4507 Reserved St. B. ethosola.	Montemery NUL
Pog Pog Prog or, v		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection K, Inquiry K	
ICAL E executor. Por ed for CTOR: burrial,		death resulted fram: Natural causes Accident X, Suicide, Hamicide, Undetermined manner	
olease e durector etained DIRECTOR		CHIEF MEDICAL EXAMINER	
ITY Color in y, please e eral director be retained RAL DIRECT prior to bu		ACTUAL CLASS OF BATE OF THE PARTY OF THE PAR	SIGNED
essary, F funeral lay be r JNERAL		DEPUTY MEDICAL EXAMINER (2)	9 1568
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your DENERAL DIRECTOR: Page Health prior to burial, cren		EXAMINER'S NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Betheso	
TO DEPL necessa the fun 5 may 70 FUNE Health	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		Burial 1-11-68 Gate of Heaven Silver Spring	
\bigcap		FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 255 REGISTRAR 255 REGISTRAR 35	IGNATURE
VR ATSME (5)	1	ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 12 1968	les Judge



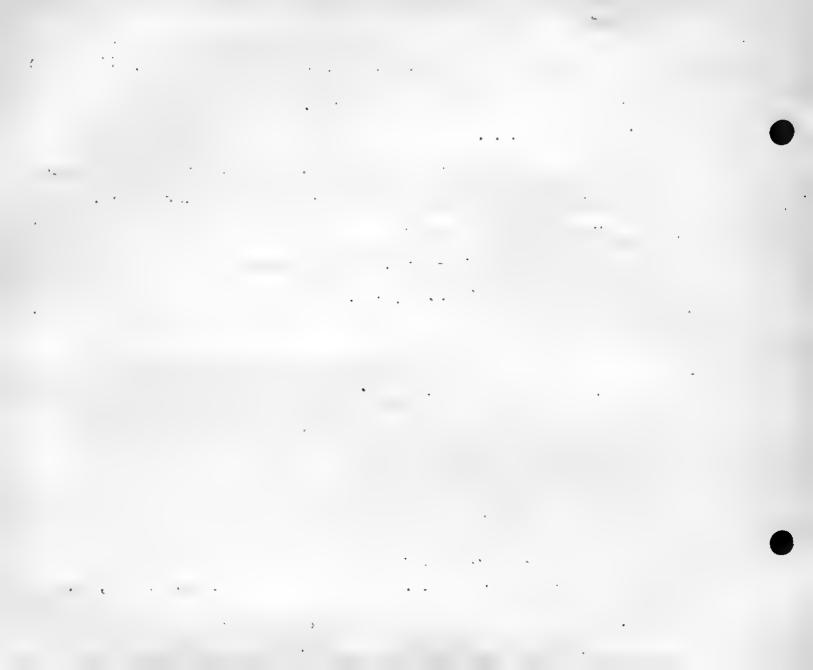




	T - 10 - 1		MARYLAND STATE DEPARTMENT OF HEALTH	
	$\mathbf{I}([V])$	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 CERTIFICATE OF DEATH	01158
			CERTIFICATE OF DEATH	ULLOO
eath	SE B		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residual County) b. COUNTY	dence before admission)
er d	the force softenders	L.	Montgomery silver spring MARYLAND Virginia	
s aft	ages rs of		c. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give negrest tawn)	give nearest tawn)
יטסר	s. Py hou	L	NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS	e. IS RESIDENCE
24	ed III		Haly Cross of 5.5. 2311 N. 9th of.	e, IS RESIDENCE ON A FARM? YES NO
ıthin	completely filled in love corbon papers. y event, within 72 h		NAME OF First Middle Lost 4. DATE Month	Day Year
γ Ps	corb		Type or print) SALL / GLICK DEATH PAGE (In years IFUND SALL / MARRIED N. NEVER	PER I YEAR TIF JNDER 24 HRS.
ecute	comp ove y eve	S	(ast burghday) Manth	
an X	rem in on	10a	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT
ţ.	tan ase and i	dur	ng most of working lite, even if revised) INDUSTRY OH10	COUNTRY? USA
rifica	physician en please oval, ond	13	FATHER'S NAME	, -
Cer	The The	16	Samuel MG3/70X Goldberg Rose laube WASDECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
deoth	attending p permit. The ion, or remo	(Ye	Not Augustus Holy Cross Hosp. records - Si	luer SpanMa
the	the a sit pe		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
tho an.	signed by the burial-transit burial, cremoti		174 X DUE TO DUE TO DE TO	- Tyr
nires Ivsici	rial- rial- rial,		Conditions, if any, which gave) (b) COR RI Breas	
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low ndin	beel s th ior t		lost. (t)	10 MAS AUTODOV
: The low requires the protection abysician.	ie hos use a olth pr	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO K
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pagishould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	CERTIFICATION	20a ACC DENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHY	tach Tach Dept	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20f (City or town)	(County) (State)
NG F	e de	ME	p.m. 19 grwark 🗆 /	2/-2/11 112 1 2 1
ON Pa	Aff Share Sh		21. I certify that (I) (this haspital) attended the deceased fram	9 <u>0 S</u> that (I) (we) lo
ATE	Shour ith it		22n SIGNATURE A 22h	DATE SIGNED,
Se re	e 3 ed w		M.D. PHYS. DIRECTOR PHYS.	/11/48
PITAL	ERAL C		22c PHSICIANS NAME (Type) W.Y. MARCUS) MD 10620 - GEOTGE AVE., SI	ver. Spg., Md.
O HOS	FUNI recto	230	BURIAL CREMATION 236 DATE THEREOFS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
200	1	24	BURIAN JAN 14 / 68 YOUNGSTOWN FUNERAL DIRECTOR TRANSPORTED VAN HOUNESS 250. RECID BY REGISTRAR 256. REGISTRAR	S SIGNATUREO
	VR A15 (4) 20 M 1/66		FUNERAL DIRECTOR TRANSMENT HUSON MODRESS 250. REC'D BY REGISTRAR 1968. REGISTEAR WITH W. HUSON DC DATE JAN 15 1968	ares judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31161 01159 CERTIFICATE OF DEATH DECEASED-NAME Eirst Middle Lost 2a. DATE OF DEATH Month January 15 Year 68 24 hours after death Charles (Type or print) Harris Glover 3 SEX 4 RACE 5. DATE OF BIRTH IF JINDER I YEAR IF UNDER 24 HRS 6 AGE (In years last birthday) DAYS HOURS White 12/4/88 Male 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED XXNEVER MARRIED country) Maryland U.S.A. WIDOWED [DIVORCED [Montgomerv 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR The law requires that the death certificate be executed within Montgomery General Hosp. during mast of working life, even if retired.) INDUSTRY Olney Landsaping 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13d INSIDE CITY ELMITS? 13e. STREET AND NUMBER in ony event 13b. COUNTY Gaithersburges XX NO Maryland 11 Russell Ave. 14 FATHER S NAME First Middle Last 15. MOTHER S MAIDEN NAME First Middle Last George Glover signed by the ottending physicion buriol-tronsit permit. Then please buriol, cremotion, or removal, and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) [If yes give war or dates of service) 214-01-5839 Medical Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Granello preumonia IMMEDIATE CAUSE (a) Examiner DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Medical O FILIERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES X MO 🗍 by 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year P.M (If either, natify medical examiner) ease 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1-15-6819, to 1-15-689 __, that (I) (we) last saw the deceased glive an 1-15-62 19 and that in (my) (aur) apinion death occurred an the date and haur and from the director, page 3 should should be filed with the for causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF eared DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Frederick Moomau. M.D. Medical Center, Sandy Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Spenity) 30M REV, 1/68



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ſ	13o. odmi	USUAL RESIDENCE (Where of STATE Virgin	deceosed	lived, if institut	ion: Residence before	1		3d. INSIDE CITY LIMIT		ET AND NUMB	ER		-
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	Ш	DALLA	MEDIATE	CAUSE (a)	AS A CONSEQUENCE OF	. 0	90	0.4					
	Ш	Conditions, if ony, which			AS A CONSEQUENCE OF	tel	ticemia	Hron	n rega	ture			
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	CERTIFICATION	190. DATE OF OPERATION	19b (O	NDITION FOR WH	ICH OPERATION WAS P	ERFORMED	2Do. AUTOP			ES, WERE FIND OF DEATH?	INGS CONSIDE	RED IN CEI	RTIFYING
4	ERTIF	210 ACCIDENT WAS UNDE	TOT VINIC	Tan Time of	r Marina	las us	YES 🗌	NO 🔽					
		OR CONTRIBUTING CAUSE!	DF DEATH	216 TIME OF HOUR A.M.	Month Doy Yeo	ZIC HU	W INJURY OCCU	JKKED (Enfer n	noture of injury	in Port I or P	ort 2, Item II	3.)	
	MEDICAL	ALL BUILDY ACCUIDAGE		ACE OF INJURY		MCTDRY 1 215 IO	teart? MOITA?	or D.E.D. Mo	City o	r Town	Cou	nhu	State
	1 1	While Not while of work	216. 11	ACE OF HISOKI	AT HOME, FARM, STREET, FA DEFICE BUILDING, ETC.	211. 10	CKIION SHEET	UI K.F.D. NO.	City U	i iowii	Cuoi	11 9	31016
		22a. I certify that 18	t) (this	haspital) atte	ended the deceas	ed from JE	nuary	1_, 19.68	. to_Ta	nuary '	18968	, that	(N- (we) last
		saw the deceas	ed altv	e an Jar	nuary 18	19_68, and	thot in (my) (our) apini	ion death ac	curred on t	he date an	d havr o	ind from the
	Ш	22b SIGNATURE (/	bove,	(we) (did)	(stokact) view the	body after a	leath.						
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-		NAME (Type)	Gene	P. Swa	rtz, M.D.				tal, B	ethesda	. Mar	vland	
	23o	BURIAL, CREMATION,	23b DA		23c NAME OF	CEMETERY OR			23d LOCATION			inty)	
		REMOVAL (Specify) Burial		22-68	Greenla	wn Memo	rial P	ark	Gra		exas		
	24	FUNERAL DIRECTOR ROD	ert	A. Pump	hrey Fune	ral Hor	ne	250. RETAN	REGISTRAR 19	63b. REGIS	FRAR S SIGNA	TURE	t.a.m
68	7	557 Wisconsi	n As	re. Bet	hesda, Ma	ryland		DATE	10	7 0	8 CM	11	67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01161 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b HOUR death (Type or print) Bessie January Month Amoru Goldsboronah 4. RACE IF LINDER 1 YEAR 3. SEX S. DATE OF BIRTH 6 AGE (In years IE UNDER 24 HRS last birthday) DAYS HOURS burial, cremation, or removol, and in any event, within 72 haurs af Cauca Temale November 2 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Saltimore WIDOWED 2 DIVORCED [Montaomeni physicion and completely filled in please remove carbon poper 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY YES 🔀 NO [8614 Garland Avenue μ_{ark} ond 14. FATHER'S NAME First M.ddle Last 15. MOTHER'S MAIDEN NAME First Middle Rebecca Cook ames AMORU 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war or dates of service) Yes no arunknown) 577-01-9363A Manuel 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. neum on 1 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse di -- Verculer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or attending fo FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FIND NGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREF FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 12/7 saw the deceased alive an 1/15 1962, and that in ______, 19.6 7. ta 1/1/5 _____, 19.6 8, that (I) (we) last _19 (Z, and that in (my) (our) apinian death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Lincoln Cemetery Prince George VR A15 (4) DATE JAN 30M REV 1/68 Spring



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01164 01162 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) 4. RACE 6. AGE (In years lost birthday) IF ONDER I YEAR IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH MONTHS DAYS HOURS YRS. burial-transit permit. Then please remove carbon papers. Pac burial, crematian, or removal, and in any event, within 72 haurs in by 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT 8. MARRIED X NEVER MARRIED country) WIDOWED | DIVORCED [campletely filled IO. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) **INDUSTRY** give street address) remove carbon HOUSEWI 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER GENTUM BRENTWO Pr. Goo Post 34. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle and Lucretia HENRY BLANKENSHIP attending physician operate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no_or unknown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the c burial-transit p Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause ast. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been incertar, page 3 shauld be detoched far use as the hauld be filed with the State Dept of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES -21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detoched be detoched bland be filed with the State Dept 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County White Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 9-10-1967, to 1967, to 1968, that (1) (we) last saw the deceased alive an 1967, and that in (my) (eer) apinian death accurred an the date and haur and from the causes stated above, (1) (wel) (did) (did not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S SPRING DANISH 1106 NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL, CREMATION, REMOVAL (Specify) Colmar Manor Lincoln 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR lley's VR A15 [4] 30M REV. 1/68

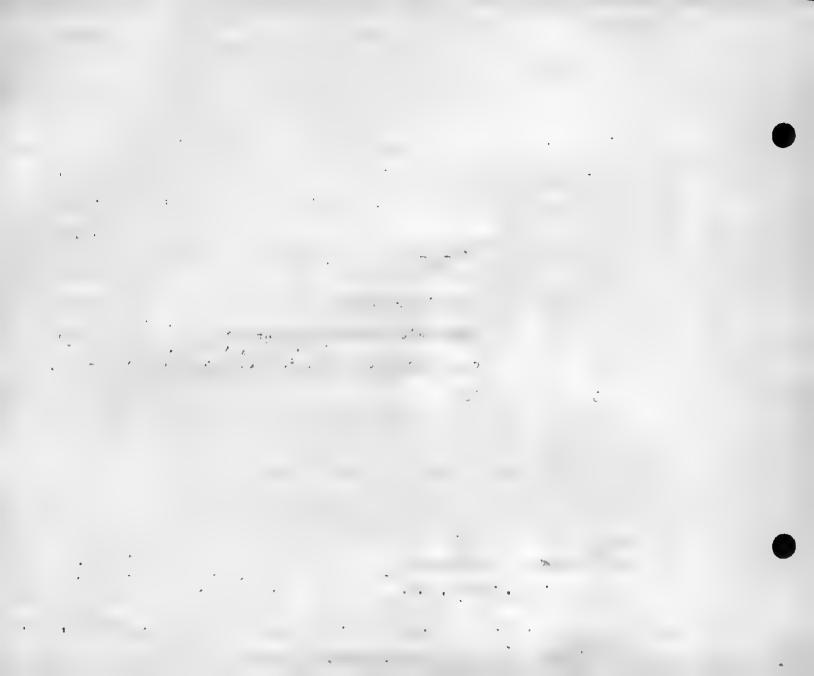
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91165	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	01163
1 DECEASED-NAME First (Type or pnnt) 大量工程信用支持器	Moddle Mx Lena Miriam S	Lost Back Greenspan	2a. DATE OF DEATH 1 Month 4 Do	2b HOUR
3 SEX Female	4 RACE Caus.	S. DATE OF BIRTH 9/25/1887	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7c BIRTHPLACE (Stote or foreign country) Warsaw, Polan	76 CITIZEN OF WHAT COUNTRY? I United States	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md
D CITY OR TOWN OF DEATH Wheaton	give street address 90	NSTRUTION (If not in hospital Arcola Ave United in British	AL OCCUPATION (Kind of work done pst of working life, even if retired)	126, KIND OF BUSINESS OR INDUSTRY Hat
130 USUAL RESIDENCE (Where deceos odmission) STATE Md.	d lived if institution Residence before 13b COUNTY Montgomer	y Silver Springs N N		
/ Simcha Geber	Meddle Lost	15 MOTHERS MAIDEN NAME Unknow		Last
16a. WAS DECEASED EVER IN U.S. ARN Yes, no, or unknown) (If yes give w	ED FORCES? 16b SOCIAL SECURIT		ar 2711 Henderson	
PART I DEATH WAS CAUSED	y one cause per line for (a), (b), and (BY: TE CAUSE (a)	RAIR HENGI	RAHAGE	APPROX MATE INTERVAL BETWEEN ORGET AND DEATH
Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O	TRIKE SYN	INRINE	16627715
nse to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE O	RIFRIO SCLE	A-81.5	4 EARS
	DITIONS CONTRIBUTING TO DEATH BUT	NOT PENATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(0)	
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I	YES NO S	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLYIN DR CONTRIBUTING CAUSE OF DEAT Off either, notify medical examin	3 21b TIME OF INJURY HOUR A.M Manth Day Yea er) P.M.	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item 18.)
21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACIDRY.) 21f. LOCATION Street or R.F.D No	c. City or Town	Eaunty State
22a. I certify that (I) (the	s hospital) attended the deceo ive on, (1) (we) (did) (states) view the	sed from 19 19 19 19 19 19 19 19 19 19 19 19 19	inion death occurred on the d) \tag{interpolar}, that (i) (we) last ate and haur and from the
22b. SIGNATURE	Frank M. M.	ATTENDING -	MED STAFF 220	DATE SHRIPEDY
22d. PHYSICIAN'S L NAME (Type) C (+++) C	ES FARWELL,	MD 22e. ADDRESS 11406 VIE	esMucko, wine	FATON, MO.
23a BURIAL, (REMATION, 23b. I		F CEMETERY OR CREMATORY HORVID CENT.	23d LOCATION (City or Town)	(County) (State)
-CCC/14C	. 30 - 20	/ 42 / 4 42		1



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+	1 /	N		31166	DIVISION OF V	-		CATE OF		NE, MIMN	TEAND ZIZ	V I	0116	4
	(=1 h=		I DE	CEASED-NAME First		Middle		Lost		DATE OF	DEATH	-		2b. HOUR
	\$ 10 to 10 t			ype or print) Mary		Ann		Groft		Tanı	Month lary	Bay	1968	6:10 PM
	in do		3. SE		4. RACE	*******		5. DATE OF 81	RTH	0 3,110		3	1F UNDER 1 YEAR	IF UNDER 24 HRS.
	afte ges afte					T.D. 5 ± -					6. AGE (In year lost birthday)	YRS.	MONTHS DAYS	HOURS MIN
_	urs Poc		7n R	Female BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT	White	8. *** DDIF	D NEVER MAR	ay 1949	DUNTY OF		IIG.		
	hod in t		coun	ntry)		CODITION	WIDOWE		RCED [7]		tgomery			24.1
	24 led ope		10 ("Pennsylvania	USA	E OF HOSPITAL OR INS				CUPATION	(Kind of work	dane	12b KIND OF 8	Md Md
	requires that the death certificate be executed within 24 hours after death g physician. n signed by the ottending physician and completely filled in by the funcal e burial-transit permit. Then please remove corban papers. Pages 1 and a burial, cremation, or removal, and in any event, within 72 hours after death)		Bethesda	give stre The	e of Hospital OR INS eet oddress) Clinical	Cent	er, NIH	during most a	fworking l Stude:	ife, even if retu at	red.)	INDUSTRY	one
	ed y	,	130	USUA. RESIDENCE (Where deceosed ssran) STATE Pennsylvania	lived, if institution	Residence before	13c CITY	OR TOWN	13d. INSIDE CITY LIM TS?		EFT AND NUMBI			
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	exe emc any		14. F	FATHER'S NAME First	M.ddle	Lost		IS MOTHER'S MA	AIDEN NAME First		Midd	alt		Lost
	be rar			Harold	F.	Grof	ե		Mary	7			Carb	augh
	ate icial leas		16a.	WAS DECEASED EVER IN U.S. ARME (es_na, ar unknawn) (If yes give war	D FORCES? or allotes of service}	65-142-601 103-54-58	0 17	. INFORMANT ${\mathbb T}$	he Medica	al Red	cord Addre	ess		
	tific hys vol,			No No	or mores or servicey	ANOTAGY.		The Cli	nical Cer	nter,	Bethese	da,		
	The The			18. CAUSE OF DEATH (Enter only	ane cause per line	far (a), (b), and (c))								IATE INTERVAL ISET AND DEATH
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	the he official		П	Conditions, if any, which gave			. pro	bable of	ram negat	ive			12 day	VS
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	Per production of the producti		CERTIFICATION	190 DATE OF OPERATION 196. CO	NOTION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTO	PSY?	20b. IF	YES, WERE FIND	INGS CO	NSIDERED IN CE	RTIFYING
	The atternation has se of the p	-	E					YES 🔀			OF DEATH?			
	or or and		GE CER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF I		21c.	HOW INJURY OCC	CURRED (Enter not	ure of injur	y in Part 1 or Pi	ort 2, li	tem 18.)	
	CA Figure 1		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Month Doy Yeor								
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior ta burial, are			21d INJURY OCCURRED 21e P	ACE OF INJURY (A	T HOME, FARM, STREET, FAC FFICE BUILDING, ETC		LOCATION Street	et or R.F.D. No.	City	or Town		County	State
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	Affe by Stock			22a. I certify that (I) (this saw the deceased aliveauses stated above,	haspitall atten	ded the decease	o trom	ind that in ben	y (our) opinion	denth o	ccurred on th	he dat	e and haur c	and from the
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	AL Dy H	1		22d PHYSICIAN S		1		22e. ADD	RESS The Cl	inica	al Cent	er,	Nationa	al
	FR/ GP, I			NAME (Type) Thoma	s P. Clar				titutes o				esda. Ma	aryland
	O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil		23o	BURIAL, CREMATION, 23b. DA	TE	23c NAME OF	EMETERY	OR CREMATORY	23	d. LOCATIO	N (City or Town	}	(County)	(Stote)
	5 5 5 E &			BURIAL, CREMATION, 23b. DA REMOVAL (Specify) Burial Jac	26. 19	68 St. Ma	rv s	Cemeter	v	New	Oxford.	_Ad	ams Co.	. Pa.
	VR A15 (4)		24.	FUNERAL DIRECTOR	10,00	ADDRESS			2Sa. REC'D BY RE	GISTRAR	25b REGIS	TRARS:	SIGNATURE	4 - 10
	30M REV 1/	68		Fred F. Fei'ser		New Oxfor	d, Pe	nna.	DATE JAN	261	968 🔏	Me	erles Ja	age.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01165 CERTIFICATE OF DEATH DECEASED-NAMI Middle Lost 2a. DATE OF DEATH (Type or priot) 3. SEX S. DATE OF BIRZH IF UNDER 1 YEAR IF UNDER DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED IXI NEVER MARRIED WIDOWED T DIVORCED | requires that the death certificate be executed within 24 vuriai-iransir permir. Inen piease remave carban pap buriai, crematian, ar remaval, and in any event, within 7 completely filled 10. CITY OR TOWN OF SEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.)
Night Planager remave carban 130. USJAL RESIDENCE Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13b. COUNTY odmission) STATE YES 🗖 NO ontaomenu 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Schalmier Grow anes physician c Harold 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 2392 Home Attend Yes, navor unknown) Silver Spring. World War IV 578-03-8156 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)
PART I DEATH WAS CAUSED BY: BETWEEN ONSETAND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave } rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? NO 🔼 YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 1-24, 1960, ta 1-21, 1968, that (1) (we) last saw the deceased alive an 1968 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE MED DIRECTOR STAFF PHYS... DEGREE PHYS 22e_ ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL CREMATION REMOVAL (Specify) Rockville Maryland 24 FUNERAL DIRECTO VR A15 (4) Inc. 30M REV, 1/68 Pumphrey. DATE arner (.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Film#G397 2/16/68 ph CERTIFICATE OF DEATH 01166 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH DECEASED-NAME First requires that the death certificate be executed within 24 hours after death. (Type or print) Month Maurice Frunberg anuaru 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (in veors last birthday) MONTHS DAYS HOURS Male August 1908 YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Cermany Montgomere WIDOWED [DIVORCED [77] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane) 2b KIND OF BUSINESS OR give street oddress) during most of work ng life, even fretised.) INDUSTRY Takoma Washina Research burial, cremation, or remov≡l, ond in ony event, 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 134 INSIDE CITY EURITS? 13e STREET AND NUMBER 13c CITY OR TOWN admission) STATE Montgomen YES X NO Takoma Maryland 14 FATHER'S NAME MOTHERS MAIDEN NAME First First Middle Last and runberg 160. WAS DECEASED EVER IN U . ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no ar unknown) (If yes give war ar dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) signed by the burial-tronsit YON TH rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to hos been 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO 🗍 **O FUNERAL DIRECTOR:** After this certificate director, page 3 should be detoched for us 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) **ATTENDING PHYSICIAN** OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year be retained by the haspital P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED Stote City or Tawn County While Not while at wark at wark . 1968 , that (1) (we) last 22a. I certify that (I) (this hospital) attended the deceased fram ____/ = 5 1968 to saw the deceased alive an 1963, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS STAFF PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION REMOVAL (Specify) Mt. Lehanon Cemetery HVATTSVI 2Sb REGISTRAR'S SIGNATURE **ADDRESS** VR AT5 [4] Some 30M REV. 1/68 DATEAN C. 5200



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cam ave		Maryla Maryla	sed lived, it institut 13b. COUNTY ndi	Montgomery	Chevy	Chase YES	NO.	3803 Taylo	r Street	
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n ai		Michael		UTHRIE		Elizabeth		WILLIAMS		
an a	160	WAS DECEASED EVER IN U.S. AR. (Bs., no., or unknown) (If yes give v	MED FORCES?	16b SOCIAL SECURITY				Chase Address	Md.	
A HE WALL		85, 110, 01 011/1104117		212-54-41	32 - J1 I	r. Eugene F	I. Guth	rie, 3908	Aspen Sti	reet
The The	Г	18. CAUSE OF DEATH (Enter or	nly and cause per li	ne far (a), (b), and (c))				APPROX MU BETWEEN ON	ATE INTERVAL ISET AND DEATH
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law bee rier	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	201	b. IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
The after has has he a	≝					YES 🔀 NO [- CA	USES OF DEATH?	yes	
Salt sealth	18	210 ACCIDENT WAS UNDERLYI	NG 216 TIME O		21c. HOV	W INJURY OCCURRED (En	ter nature of	injury in Port 1 or Part :	2, Item 18.)	
E E E E E E E E E E E E E E E E E E E	MEDICAL	OR CONTRIBUTING CAUSE OF DFA	TH HOUR A.M.	Manth Day Year						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pages, should be filled with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any event, writin 72 happing.	MEG	21d. INJURY OCCURRED 21e While Nat while at work	PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LOC	ATION Street or R.F.D. I	No.	City ar Town	County	Stote
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ATTENDING etained by th CTOR: After 1 shauld be d		22a. I certify that (t) (the saw the deceased courses stated above	ilis nospital) off	ended the deceas	ea trom ere	that in (26%) (aur) a	pinian dea	th accurred on the	date and hour c	ind from the
TEN DE PROPERTIES	L	couses stoted obov	e, (1) (we) (did)	(daketet) view the	bady after de	eoth.	pinian ava		2010 0114 11001 0	
OR ATTENI be retained DIRECTOR: A je 3 should ed with the	П	126. SIGNATURE	1)	1 1	MAN			22	2c. DATE SIGNED	
OR De red w	L	MALALLA DE AND	1.) also	MARGE	E PHYS.	MED DIRECTOR	STAFF 🙀 J	Tan. 29.	1968
AI D	1	228 MHYSIC AN S				22e ADDRESS	-1+-1	Bethesda,	Marsaland	
TO HOSPITAL Page 4 may b TO FUNERAL D director, page		NAME (Type)LCDR W	.P. BAKE						MarATHUO	
HOS Gerre	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY OR C			ATION (City or Tawn)	(County)	(State)
5 5 5 E		READYAL(Society) 1	-31-1968	Rock Cr				shington	D. C.	
VR A15 (4)	24.	FUNERAL DIRECTOR Josep	h Gawler	& Son address		2Sa. REC	BY REGISTRA	R 2Sb REGISTRAL	R'S SIGNATURE	1602
30M REV 1/68	[130 Wisconsin	Ave. N.	W Washin	gton. I	O.C. DATE	ED .	5 1968 🚅	- A. L. Could Man	17



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.11681 DECEASED-NAME M ddle 20. DATE OF DEATH 2b HOUR (Type or print) Month 3. SEX 4. RACE S DATE OF BIRTH AGE (In years last birthday) IF JNDER) YEAR IF JNDER 24 HRS. DAYS HOURS has been signed by the attending physician and campletely filled in by the se as the burial-transit permit. Then please remave carban papers. Pages in prior ta burial, crematian, ar remaval, and in any event, within 72 haurs aft BUL 31-YRS. GULS 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED country) WIDOWED [DIVORCED [24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION Kind of work dene 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) Suburban Hosp Bethesda during most of working life, even if retired) INUERY GOV. 13c CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES 🔼 NO T 14 FATHER S NAME Middle 15. MOTHER S MAIDEN NAME First Middle Lost 17. INFORMANT 160. WAS DECEASED EVER INFUS. ARMED FORCES? Address Yes, no_ocunknown) 220-44-5428 Lillian C Haas 5510 Cedar Pkw APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? this certificate has detached far use of te Dept. of Health p YES [NO 🔲 Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 at Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M Month Day Year O FUNERAL DIRECTOR: After this certifit director, page 3 shauld be detached f should be filed with the State Dept. af 1 (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of wark at work 220. I certify that (I) (this hospital) ottended the deceased from Jan. 22, 1968, to Jan. 27, 1968, that (I) (we) lost sow the deceased olive on Jan. 26 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22: DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S Wisconsin Ave., MarviN Wadler Bethesda Md NAME (Type) 23d LOCATION (City or Town) (County)
Silver Spring Mont 23c NAME OF CEMETERY OR CREMATORY
Gate of Heaven 23b. DATE 1-31-68 23a. BURIAL, CREMATION, RESULATION (State) Md 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Robert A Pumphrey 7557 Wisconsin AVe DATEFEB 30M REV, 1/68 Betheda, Md

MARYLAND STATE DEPARTMENT OF HEALTH

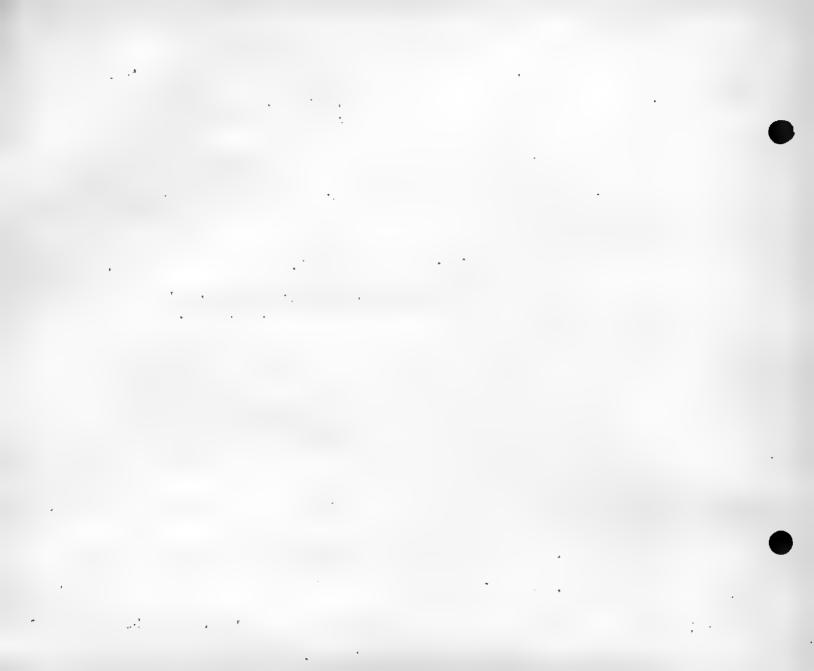


01171 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01169 2b. HOUR Middle Lost 1 DECEASED NAME First 2g DATE OF DEATH 24 bours after death (Type or pant) January Month 25 John Milton HACKMAN 1:00% 6. AGE (In years birthday) 3. SEX -4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Mar. 28, 1906 signed by the attending physician and campletely filler in by the burial-transit permit. Then please remove carban agpers, Pages burial, cremation, ar removal, and in any event, within 72 haurs aft Male Cauc. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | USA Montgomery WIDOWED 🔀 DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddrest aval Hospital during most of working life, even if retired)
Naval Officer Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c CITY OR TOWN 134 INSIDE CITY LUMITS? 13e STREET AND NUMBER 13b. COUNTY 2909 Forest Ave. Alameda YES 👽 Berkelev NO T Is. MOTHER'S MAIDEN NAME First Unknown First Last 14. FATHER'S NAME Middle John C. Hackman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Lynn Laird 37 INFORMANT Address Yes, no, or unknown) ("flyes, one yor adjes of service" 546-26-1264 Same as Item 13. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Cerebral enforction acute DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) atherascleroses rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar ta o. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES R NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury to Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22b. SIGNATURE 22c. DATE SIGNED John Revarmaltes MD DEGREE PHYS MED.
DIRECTOR STAFF Dan. 26, 1968 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) John R . Warmolts Naval Hospital, Bethesda, Maryland 23d LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMPTERY OR CREMATORY (County) (State) REMOMAL (Specify) 1-30-68 Arlington National Arlington, Virginia
RAR | 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOROBERT A. Pumphrey VR A15 (4) Funeral Home, 7557 Wisconsin Ave., Bethesda Monte EB Charles Judge 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH



				ID STATE DEPARTMENT OF I		
11/11		01173		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
		02210		CERTIFICATE OF DEATH		01171
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fter e fu es J	3 SE		4 RACE	S DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rs o The Page	_	FEMALE	STIHW	DEC. 10, 19		
hound	7o. E	lant	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	^
24 light of 172		INDIANA	U.S. A.	WIDOWED DIVORCED DIVORCED	MONTGOMER	
if the state of th		ITY OR TOWN OF DEATH	give street address)	ISTITUTION (if not in hospital lize USV) during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.) OUSEIN IFE	126. KIND OF BUSINESS OR INDUSTRY
wit rely rbo	120	KOMA PARK, MI	D. OAKHAJEN CO I lived, if institution: Residence before	NUALESCENT HOME H	OUSEWIFE MAIS? 13e STREET AND NUMBER	
law requires that the death certificate be executed within 24 hours ofter death nding physician. been signed by the attending physician and completely filled in by the functodes the buriol-transit permit. Then please remove carbon papers. Pages Vand 2 into burial, cremation, or removal, and in any event, within 72 hours offer death.	adm	220 CSTATE	13b. COUNTY	YES THE NO	3701 Conn. A	re. N.W.
L col	<u> </u>	ATHER S NAME First	Middle Last	IS. MOTHERS MAIDEN NAME F		Lost
and rem		FRANCIC	DERRY		ELINE '	GOOD
rite I	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		Address	Phone: 244-
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VR A15 (4) 30M REV 1/68	24. J	FUNERAL DIRECTOR OSeph Gawler's	Sons, Inc. 5130	"#2% · 'C' - 'I' I'	18 1968 25b. REGISTRAR	S HOMALDKE
3UM KEV 1/68	L	7	W sh.	D.V. DAIA N	10 1000 1	10





MAKYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR AEGIN A signed by the attending physician and campletely filled in by the funeral butial-transit permit. Then please remove carban papers. Pages 1 and butial, crematian, ar removal, and in any event, within 72 hours after death (Type or print) Donald Hetherton* Lee January 3. SEX 6. AGE (In years IF . INDER 1 YEAR 4 RACE 5 DATE OF BIRTH IF UNCER 24 HRS. requires that the death certificate be executed within 24 hours after, last birthday) MONTHS DAYS HOURS Male White 22 September 1933 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8 MARRIED NEVER MARRIED X WIDOWED [7] DIVORCED [Pennsylvania Montgomerv 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) The Clinical during most of working life, even if retired.) INDUSTRY Bethesda Center. NIH Landscaping 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before \$13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE New York 13b COUNTY YESK ND Elmira 1127 Pennsylvania 14 FATHERS NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Gladys Ogden Russell Hetherton 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown.) (It yes give wor or dotes of service) 16b. SOCIAL SECURITY NO 17. INFORMANT The Medical Record Address Yes, no, or unknown) The Clinical Center, Bethesda, Maryland 124-26-9756 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH IMMEDIATE (AUSE (a) Aspiration pneumonia 3 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Peritonitis 25 days rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause M Sarcoidosis years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗍 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215, TIME OF INJURY Manth Day Year OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while of work 22a. I **certify** that (1) (this hospital) attended the deceased fram 21 Nov. , 1967 , to 13 Jan. , 1968 , that 1) (we) lost sow the deceased alive on 13 January 1968, and that in (Na) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did) (view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. DEGREE 13 January 1968 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN S NAME (Type) Institutes of Health, Bethesda, Maryland Ira D. Mickenberg, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Woodlawn Cometary Flat 256 REGISTRAR'S SIGNATURE New York 1-15-68 24. FUNERAL DIRECTOR VR A15 (4) Robert A. Pumphrey, Bethesda, Marylandan 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

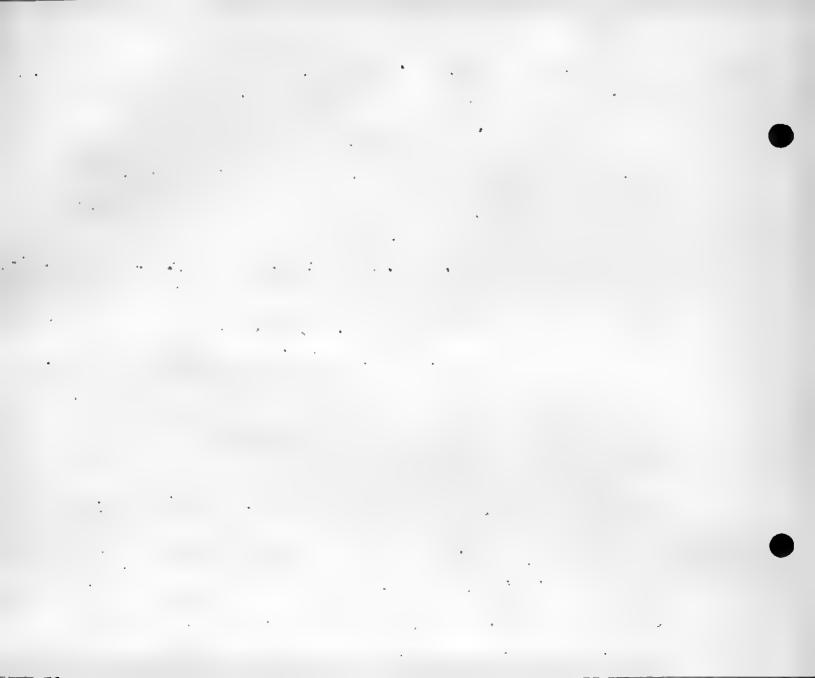


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	nating physician. been signed by the attending physician and completely fitted in by the funeral state buriol-transit permit. Then please remove carbop against Pages 1 and any event, within 72 hours after death at to buriol, cremation, or removol, and in any event, within 72 hours after death	3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE (in years 1F)	UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN
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	3	24.	FUNERAL DIRECTOR JOSEPH DIRECTOR JOSEPH CON MICL, A ADDRESS QC 1250. REC'D BY REGISTRAR 125b. REGISTRAR'S SIG	MATURED -
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death January Month 17 Day end (Type or print) HINSON 1988 1015A M. Donna signed by the attending physician and completely filled in by tite-fur burial-transit permit. Then please remave carban papers. Pages I burial, cremation, ar remaval, and in any event, within 72 hours after 4 RACE IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH 6. AGE (in years IF UNDER + YEAR offer lost birthdoy) Jan. 11, 1968 Female Caucasian requires that the death certificate be executed within 24 haurs and completely filled in by 9. COUNTY OF DEATH 7a. 81RTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED P country) USA DIVORCED [Montgomerv WIDOWED [7] 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Naval Hospital INDUSTRY Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES [] NO T 219 Edison Drive Albany Georgia 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Last Middle Kathy Ann DAVISON James Edwin Hinson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) n/a Navy Records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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IMMEDIATE CAUSE (a) BETWEEN ONSET AND CEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave: nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES [27] 210, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from Jan. 16..., 168..., to Jan. 17., 19.68., that (we) lost saw the deceased alive on Jan 17 19 68 and that in (av) (aur) apinian death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did net) view the bady ofter death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. Jan. 18. 1968 DEGREE PHYS. 22a. ADDRESS NAME (Type) F. X. LOEB, M.D. Naval Hospital, Bethesda, Md 23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIA., CREMATION, (County) 1-20-68 Riverside Cemeteru HIDany. 250. RECZO BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORFalls Church Funeral ADMININE VR A15 (4) 1102 West Broad St., Falls Church, VirginiaDATE JAN 24 30M REV, 1/68



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	3. 31	Male	White	S. DATE OF BIRTI				HOURS MIN
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		OF STORE OF STORE	* 1 * 15 * 15 * 1 * 1 * 1	1.7	-140/	10		42 / 2 1
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		couses stoted obov	e, (I) (we) (did) (did not) view i	he body after death.	(ver) opinian d	oun octoried on me du	te ana naor ai)
		22b. SIGNATURE		ATTENDING		STAFE 225 D	ATE SIGNED	d
			MANON	DEGREE ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	21/6	9
!		22d. PHYSICIAN'S NAME (Type)		22e. ADDRES		w Md	1	
		เมื่อม	les W. Ligon		ndy Sprin			
4	23a	DEMOVAL (Specific)		OF CEMETERY OR CREMATORY	0	LOCATION (City or Town)	(County)	(State)
1	24	MINICOM DIDECTOR	2 1968 ('ale	wille Cometer	So. REC'O BY REGIST	slesville, Mari		
	10	Function on as	Mosternas 434	00hC40 [] [] []			Man Jud	والم



August Hohenstein Jan 1968 1 3 SEX male white 7/8/1868 S. DATE OF BIRTH 7/8/1868 S. DATE OF BIRTH 7/8/1868 9. COUNTY OF DEATH COUNTY) Minnesota U. S. A. WIDOWED DIVORCED HOME WIDOWED DIVORCED HOME WIDOWED DIVORCED HOME Chevy Chase 130 USUAL RES DENCE (Where deceased lived, if institution Residence before odress) Chevy Chase 130 USUAL RES DENCE (Where deceased lived, if institution Residence before odress) Montgomery 134 FATHER'S NAME First Middle Lost Hohenstein Jan 1968 1 1908 Fixth Montgomery P. COUNTY OF DEATH WIDOWED DIVORCED Montgomery 120 USUAL OCCUPATION (Kind of work done during most of working Life, even if retired.) INDUSTRY 135 USUAL RES DENCE (Where deceased lived, if institution Residence before odress) Montgomery Bethesda 14 FATHER'S NAME First Middle Lost Lost Montgomery Middle Lost Montgomery Middle Lost Montgomery Middle Lost Middle Lost Montgomery Middle Lost Middle Lost Montgomery Middle Lost Middle Lost Middle Lost Middle Lost Lost Middle Lost Middle Lost Middle Lost Lost Middle Middle Lost Middle Lost Middle Lost Middle Montgomery Mo	Pb HOUPOM
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n Fig. unchtoimehle	tec
Adam Hohenstein unobtainable 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 117, INFORMANT Address	
Yes, no, or unknown) (types give wor or dates of service) 475-22-3353 Home Records same as above	
The CAUSE OF REATH (Salar column to the factor) (b) and (c)	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (o)) PART I. DEATH WAS CAUSED BY:	ND OFATH
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A	
Canditions, if any, which gave)	Lune
rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
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216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
TOR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Doy Year 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County	State
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY YES NO 10b. DO 10b. STAFF 19c. DEGREE PHYS 19c. DEGREE PHY	21010
22a. I certify that (I) (this haspital) attended the deceased from the 1967, to the 19 , that (I) ((we) last
22a. I certify that (i) (this haspital) attended the deceased from 1964, ta 1964 to 1964 the deceased alive and 1964, and that in (my) (aur) apinion death occurred on the date and hour and it causes stated abave, (i) (we) (did hat) view the bady after death.	from the
Touses stoled above, (i) (we) (algo) (aldorlar) view the dady after death. 22c. Date Signed	
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22d. PHYSICIAN'S	
22d. PHYSICIAN'S NAME (Type) George D. Sharpe, M. D. 10511 Summit Ave. Kensington, 23d. Burial, (Remation, Removal 1/6/68 23d. NAME OF CEMETERY OR (REMATORY St. Paul, Minnesota St. Paul, Minnesota	M.D
23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store Provided County) (Store Provided County)	tote)
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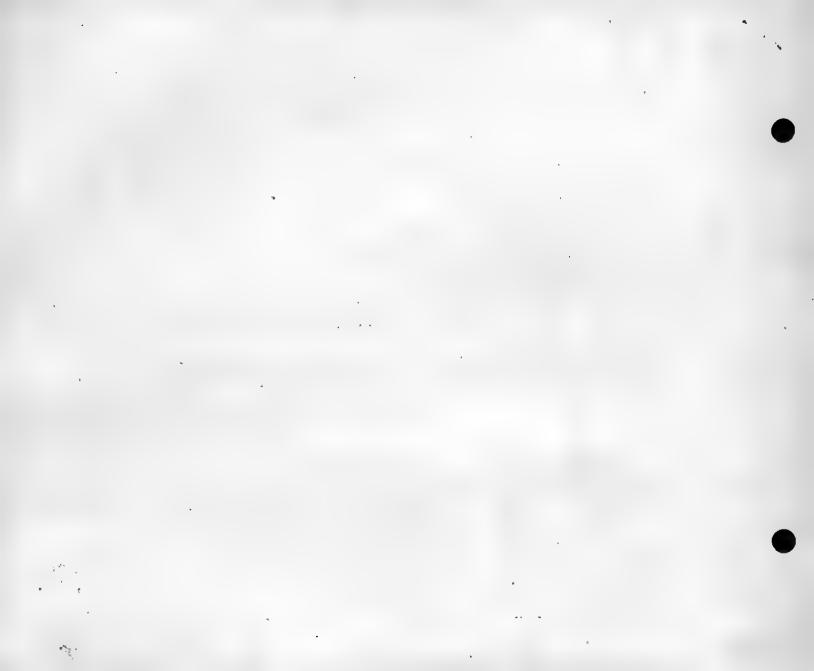
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,	_ 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
1			31183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1,000			CERTIFICATE OF DEATH 01181
•	E FOR		CEASED-NAME First Modile Lost 2a. DATE OF DEATH 2b. HOUR
	death.	(1	MARGUERITE H. HOUSGAARD JUNEAU 14 1968 5 PM
	after ages	3. SE	
	s aft		FEMALE EAUC. 3-11-88 IGST DITTIGOY) VRS. MONTHS DAYS HOURS MIR.
	an a		SIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	24 hours	COnt	WASH D.C. USA WIDOWED & DIVORCED MONTGOMERY Md
			17Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
1	ely learn with with		THER SPRING FAIRLAND NURSING HOME WESTERN UNION
	ed v	130.	USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e STREET AND NUMBER
*	amp	della	MARYLAND BETHESDA YES NO 7809 TILBURY ST.
J	exe emc emc	.14, 1	ATHER'S NAME First Middle Lost , 15, MOTHER'S MAIDEN NAME First , Middle Lost
	be n all se r d'in d		JUSEPH PHILIP SAGRARIO JOSEPHINE
لمدن	requires that the death certificate be executed within a physician. signed by the attending physician and campletely fill burial-transit permit. Then please remave carbon pto burial, crematian, ar removal, and in any event, within		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address (es, no, or unknown) (tryes give wor ar dates of service)
1.	ohy:		es, na, or unknown) (it yes give war ardotes at service) 578-6351-58 A INFORMATION TAKEN FROM EHART-
74	In the		18. CAUSE OF DEATH (Enter array one cause per line for (a) (b), and (c))
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E.	phy sign rud rud		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	the law reattending has been se as the h priar ta	픙	
15	e la tend is b as as pria	₹	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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4	70 =		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
4	HYSICIAI haspital certifica iched fai	MEDICAL	(If either natify medical examiner) P.M. 19 21d HAMPY OCCUPPED 22b PLACE OF SHULLDY LATHOME FARM STREET FACTORS 3 216 DICATION Street or R.F.D. No. City or Town County State
45	ha ha lis co la charach	1 *	21d. INJURY OCCURRED While Not while at work Not work 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. City or Town County State
3	te de la tenta	l	at work at work to the total the standard from t
,0	DIN Dy Afte De Sto		22a. I certify that (I) (this haspital) attended the deceased from
	TEN need DR: Suld the		causes stated abave, (I) (we) (did nat) view the bady after death.
	OR ATTENI be retained JIRECTOR: A le 3 shauld ed with the	1	22b SIGNATURE ATTENDING MED STAFF 22CDATE SIGNED
	OR be r		DEGREE PHYS DIRECTOR I PHYS. III On 11, 1700
	AL LAL Page Page e fill		22d. PHYSICIAN'S BORIS RABKIN 22e. ADDRESS
	TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this directar, page 3 shauld be deta shauld be filed with the State De	<u>_</u>	
	Han han	23 c	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-17-68 Rockville Cemetery Rockville, Maryland
	2 2 ° °	-	DILLIGE LETT TOO 1 TO CAN TANKE
	VR A35 (4) 30M REV 1/68		FUNERAL DIRECTOR OBERT A. PUMPHREY, Bethesda, Maryland DATAN 18 1968 256 PECKSTRAR'S GONAPHRE
	30M REV 1/68	100	DARTH TO LOOK I

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± -	<	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0.0.0
FOR STATE	Ľ	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01182
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b HOUR
N E ST 3	1	Type or Print) RALDH W HORTON OF ESTI- DEATH MATED TA.	U1 1968 733 M
delay is	3 5	EX 4 RACE S DATE OF BIRTH 10 AGE (n years 1 + UNDER 14 HRS. 12 C DATE PRONOUNCED DEAD	2d HOUR
e e e		M W MAY 19-1908 S9 YRS MONTHS DAYS HOURS MIN. Month JAN DOY 1	Yeor 1968 2 A M
2, 2, pl	70	RIPTHP ACE (State or former) 75 (CT. JEN DE WHAT COUNTDY) 60 MARRIED SOLICION MARRIED 1 0 COUNTY OF DEATH	7- 10
- E 0	COUL	ORFORD N H. U.S.A WIDOWED DIVORCED MONTGOMERY	/ 1 114
tate		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	, mg
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haurs after death tem 18. Give Pag Office alang with and 2 with the Sta	14 9	ATHER'S NAME First Middle Lost IS, MOTHERS MAIDEN NAME First Middle	iosi
		WILLIAM L. HORTON HARRIET	WEBSTER
n 24 Il in Iner's Iner's Iges		WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	WEUSTEN.
within pencil xamine ile page 72 hau	()	es, no, or unknown) WW II OOI - 05-5502 CHARLONE N HOR FON SAM	e.
d with pe Exam File n 72		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROX MATE INTERVAL
it it is		PART I DEATH WAS CAUSED BY.	SUNDANO DEATH
xec adin Med Med		IMMEDIATE CAUSE (a) MY acardial Lin Jarction. Acute -	50001-11
pe e iper rsit			Vers
1 P P P P P P P P P P P P P P P P P P P		tond froms, forty, which gove the state of t	
shauld be executed he ward "pending" is to the Chief Medical burial-transit permit in any event within		lost (c) Cardio Vascular Disease	4225
This certificate should be executed within 24 cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a bunal-transit permit File pages ar removal and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	1/- 7
ficat ing rded as c as c		THE TENNING CONDITION OF THE TENNING DOES ON COMMING OF THE TANK	
vriiti var var ed ed	NO.	196 DATE OF OPERATION 196. COND TION FOR WHICH OPERATION	20 AUTOPSY?
far far eme	CERT F.CAT ON	WAS PERFORMED?	YES 💢 NO 🗌
INER: This certificate, writshauld be farwar files. 3 should be used action, are remova	CERT	2 o EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	
s. s. out	FEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19	,
	유	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D., No. City or Town	County State
CAMINER: This certificate, writing the certificate, writing 4 shauld be farward faur files. age 3 should be used a crematian, ar removal		WHATE NOT WHILE TOTORY, Office building, etc.)	
		220. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔀 Inquiry	ond in my opinian
CAL E executor. Page for CTOR: burial,		death resulted fram Natural couses , Accident , Suicide , Hamicide , Undetermined manner	4.
please explication director.		CHIEF MEDICAL EXAMINER	
y, ple eral di se reto AL Di prior		A (7) [A)	E SIGNED
ary, nera be be Prr		DEPUTY MEDICAL EXAMINER 1	Jan. 1968
o DEPUTY necessary, the funeral 5 may be 7 FUNERAL Health pri		NAME (Type) JOHN G. BALL ADDRESS(Street, city town, or county) Bethe	esda, Md.
TO DEPUT necessary the funer 5 may be TO FUNERA Health p	230	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCAT ON (City of Town)	(County) (Stote)
at		REMOVAL (Specify) Rurial 1-3-68 Culpepper Natl Cem. Culpepper, V	irginia
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	24	FUNERAL D.RECTOR ADDRESS 250 RECI'D BY REGISTRAR 25b REPUBLIARS	SIG ATUR
VR A15ME (5)	17.7	OBERT A. PUMPHREY, Bethesda, Maryland JAN 5 1968	The same

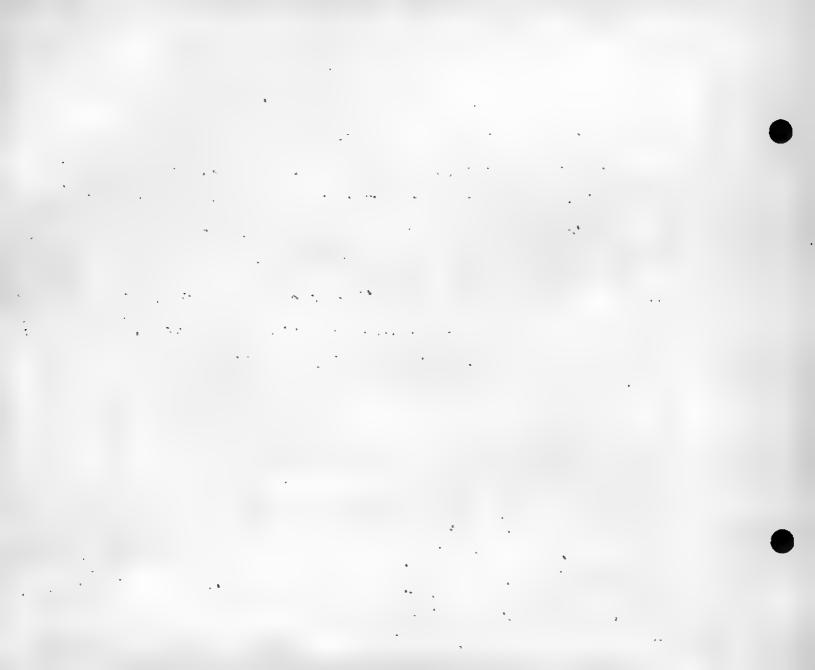
MARTIAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
1		01186 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(8)	1 5		1184
# 글살())	(T	DECEASED-NAME First Middle Last 2a DATE OF DEATH (Type ar print) KATHERINE HOCHES JANUARY A	Year 25. HOUR
fune fune er de	3. SE		CAS - P M
4 hours after death. In by the funeral pers. Pages I and A. 72 hours after deaths.		FEMALE 4 SAW. 9,1889 last printingly) YRS. MONTH	
hours In by Frs. P	COURT	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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execution cam remove	14. F	FATHER'S NAME First Middle Last Its MOTHER'S MAIDEN NAME First Middle	Last
be of an		JOHN LEECH MARGARETTA	PARK
requires that the death certificate be executed within 24 hours after death g physician. I signed by the attending physician and campletaby filled in by the funeral e burial-transit permit. Then please remove carban popers. Pages 1 and 2 a burial, crematian, or removal, and in any event within 72 hours after deaths		Yes, no, or unknown) (III yes give war or dotes of service) (III yes give war or dotes of service) (III yes give war or dotes of service)	****
cert There		18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death certific attending phys permit. Then pian, or removal,		PART I DEATH WAS CAUSED BY: MUTTIPLE CORE PROVASCULAN Thrown MISCS	Aug 1964
he d atte perrion,		DUE TO, OR AS A CONSEQUENCE OF	
of the next mark		Canditions, if any, which gave rise to immediate cause (a), (b) Cenebral anteriosclerosis advanced	5115
requires that the physician. I signed by the contract transit purial-transit publication.		stoting the underlying cause (c) An Tenioscienosis generalised	5 VNSt
equii phy sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	/
law rending been so the ior to	NOI	Auricular tiby//ai/on, Chronic SVP5 T	TOTO IN CERTIFYING
The Ic atten has b se as h pric	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDE CAUSES OF DEATH?	ERED IN CERTIFIED
N: T or or or or use the second			8.)
Pital Pital	MEDICAL	Government of the control of the con	
Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cam director, page 3 shauld be detached far use as the burial-transit permit. Then please remove Should be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any expense the state Dept.	M	White Not white OFFICE BUILDING FIC.	unty State
by the free be destroyed		22a. I certify that (1) (this haspital) attended the deceased from 1947, to Jan 9, 1967	_, that (I) (we) last
ATTENDING etained by th CTOR: After t shauld be de		22a. I certify that (1) (this haspital) attended the deceased from	nd havr and fram the
R ATI retai retai 3 sha with		22b SIGNATURE 22c DATE S	
L OR be DIR		School Color / 1/1 DEGREE PHYS DIRECTOR PHYS L. Jah	4,1968
O HOSPITAL Page 4 may O FUNERAL C director, pag		22d. PHYSICIAN'S NAME (Type) Stewart Clapp M.D. 4740 Chevy Chase Dr N	10 20015
HOS FUN () hould	230.	BO. BURIAL, CREMATION, 23b. DATE , 23c NAME OF CEMETERY, OR CREMATORY 23d LOCATION (City or Town) (Con	ounty) (State)
2 2 2	<u>C</u>	REMOVAL (Specify) N 1/G/68 CEDAR HILL CREMS. SUITLAND MADDRESS. ADDRESS. 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNA	ID,
30M REV 68		JOS. 6 AN LERIS SONS, WASH, D. C. DATEJAN 10 1968 GUISTE	o Judge



MARYLAND STATE DEPARTMENT OF HEALTH 01187 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01185 CERTIFICATE OF DEATH DECEASED NAME First Midd e Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the fune**set**-burial transit permit. Then please remave carba papers. Pages Yand 2 burial, cremation, ar removal, and in any event, within 72 haurs after death (Type or print) Month \$ Day RUSSE homas ungertor S. DATE OF BIRTH 3. SEX 4 RACE IF UNDER YEAR 6 AGE (In years last birthday) white OAYS September male YRS 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED USA WIDOWED [DIVORCED Dashington, D.C. Montgomery ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working life, even if retired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS' 13e STREET AND NUMBER 3820 Kanawha 13b COUNTY YES 🔯 NO F Washington Washington. 14. FATHER'S NAME First Meddle Lost 15. MOTHER'S MAIDEN NAME First Middle Hungerford Blanchard Carrie Ihomas 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, or unknown) 1 (If yes give wer or dates of service) attending phys Decedant UNKNUWN APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO . 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED County State While hat while at work 220. I certify that (I) (this hospital) attended the deceased from 19 (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNALURI 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR 1/8/68 DEGREE 22e, ADDRESS 22d. PHYSICIAN'S Walter E. Goozho 2309 Shorefield Rd., Wheaton, Maryland NAME (Type) 23d. LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23g. BURIAL, CREMAT ON, REMOVAL (Specify)
Burial 1/12/68 Washington, D. C. Oak Hill Cemetery 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 Joseph Gawler's Sons, Inc., Wash., D. C.



0.188 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01186PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND 24 hours after b CTY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Awashington DC 5 whs. Wheato d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Monroe St.N.W within NO N YES The law requires that the death certificate be executed within NAME OF physician and completely en please remave carban Middle Last Day Year DECEASED (Type or print) OF DEATH 68 and in any event, mmA 19 IF UNDER IF JNDER 24 HRS SEX 6. COLOR OR RACE AGE (In years 7 MARRIED **NEVER MARRIED** Inst birthday) Months Days haurs WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) INDUSTRY West VIRGINIA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, attending phy permit. Then Singleton Atchison Julia Ann Marsh 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service Wm. Franklin McDonald 3907 Windy Lane no Silver Spring. Md INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (0) Cerebral signed by DUE TO Conditions, if any, which gave Hagat Arterio Sclanotic rise to immediate cause (a), DUE TO stating the underlying cause lost. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? USe Dept. of Hearth NO CERTIFICATI 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20g ACC DENT WAS UNDERLY NG OR CONTRIBUTING CITICAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Day Year Haur om. foctory street, office bldg , etc.) Not While at wark - 20, 19 63 to +21-23 1968 that (1) (we) lost 21 I certify that (1) (this hospital) attended the deceased fram Page 4 may be retained and that death accurred at 1/350 M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on 1968 22a SIGNATURE 22b. DATES GNED M.D DIRECTOR , page be filed 22c. PHYSICIAN S 22d ADDRESS NAME (Type) director, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BURIAL CREMATION (Caunty) REMOVAL (Specify) Cedar Hill Cemetery Prince Georges Co. Ad. 25b REGISTRAR'S 5 GNATURE 24 . FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01189 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01157 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MONTGOMERY

CORRECT LOWN MONTGOM ERY MARYLAND c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town SILVER SPRING HOURS AKOMA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RES DENCE ON A FARM? 2101 FAIR LAND WASHINGTON YES NO D Give Page be executed within 24 haurs after death. NAME OF DECEASED DATE Month Doy Year ANUARY AUDE (Type or print) DEATH SEX 6 CO. OR OR RACE AGE (In years Madical Enaminer's Office alan 7 MARRIED NEVER MARRIED lart bythday) Months Days Hours w thin 72 haurs after death WIDOWED DIVORCED FEMALE 100 LSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR BIRTHPLACE (State or foreign country 12 CIT ZEN OF WHAT during ment of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN N instruction WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (fiyes give wor or dates of service) HOSP. NONE INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ling-for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY in any event IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) e, writing the vifarwarded to the rise to immediate couse (a), DUE TO stoting the underlying couse and I lost. be used PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? crematian, or remayal, NO. 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d IN.LRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg , etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry M. Inspect on and in my apin on death resulted from Natural causes Su cide Hamicide Undetermined monner fumeral d rectar ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior pe Aberds (Street call 2000) or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Washington D. Glenwood Cemetery Jan 4, 1968 Buria 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 Hyattsville, F. Gasch's Sons 1968



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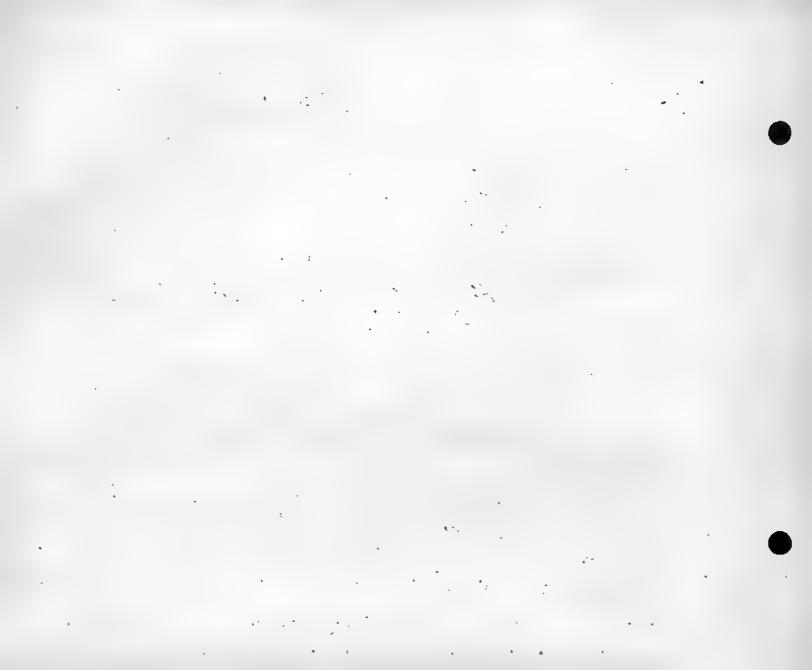
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		220. I certify that (I) (this haspital) attended the deceased from 1967, 1968, to 1700, 1968, to 1700, 1968, ond that in (my) (our) opinion death occurred on the date of courses stated above, (I) (we) (did) (did not) view the body after death.	, that (I) (we) lost nd hour ond from the
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1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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TEN Self	causes stated abave, (1) (va) (did) (did.ent) view the body after death.	
R ATTER retaine ECTOR: 3 should	22b SIGNAURE 22c DATE SIGNED	
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ITAL may RAL SAL be fii	122d PHYSICIANS NAME (Type) STANLEY H. STEDWBERG, MD 22e. ADDRESS UNTV. BLD., E. STE SPG., MO.	
O HOSPITAL OR ATTENDING PHYSICIAN: The taw re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	230 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	=
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	24. FUNERAL DIRECTOR ADDRESS COCK PIRE 1250. RECUSTRAK 1250. REGISTRAK 1250. R	
VR A15 (4) 30M REV 1/68	Tyson Wheeler Funeral Home Rockville, Md. DATE FEB 8 1968 Curaris Marie FEB	



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5 PHYSICIAN: the hospital at this certificate detached far i e Dept of Hea	1	While Mat while m	LACE OF INJURY (AT HOME, FARM STREET FA OFFICE BUILDING, ETC.	CFORY) 21f LOCATION Street or R.F.D. N	o City ar Tawn	County State
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OR be red weed w		Palvick	James	DEGREE PHYS.	DIRECTOR PHYS.	1/22/60
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION, 23b. D/	- 44	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Coohty) (Store)
5 5 5 s	1/21	REMOVAL (Specify) ans-burial Jan tuberal Director	23, 1968 Memor		Sedalia Missou BY REGISTRAR P256, REGISTRAR	CALL CONTRACTOR OF
VR A15 (4) 30M REV 1/68	4	Gren Center Glen		oraca noemne		and Judge
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ABILLY RECEIVED FOR FIRE EACH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01196 CERTIFICATE OF DEATH deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY funer o. STATE COUNTY b. CITY OR TOWN (K outside corp) ate limits, MARYLAND PHYSICIAN: The low requires that the death certificate be executed within 24 hours after 2" Merche C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nedrest town) hours write RURAL and give nearest lawn) 2- 1071 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE ON A FARM? .⊆ d STREET ADDRESS filled Pandakarh 13 YES NO IX and in ony event, within corbon NAME OF Middle DATE Year signed by the attending physician and completely buriol-transit permit. Then please remove corban DECEASED OF DEATH .10 (Type or print) 715027 Jan 196 IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthday) Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote or foreign country) during most of working life, even if retired) COUNTRY? Chhanie MOTHER'S MAIDEN NAM 13 FATHER & NAME buriol, cremation, or remavol, Address 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16 SOCIAL SECURITY NO INFORMANI (Yes, ng, or unknown) (If yes give wor of dotes of service) 0679 66 05 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. UINTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove Influenza rise to immediate couse (o), DUE TO for use as the t stating the underlying couse hos been WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) erios/erosis NO ÷ hospitol or O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of snjury in Port I or Port II of item 18) detoched for te Dept. of f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INIURY OCCURRED 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not White ATTENDING of work ot work pe 1965, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram be retoined and that death occurred of 259 M, from causes and an the date stated above. saw the deceased alive on, 220. SIGNAFURE 22b. DATE SIGNED C M DIRECTOR PHYS pode 22c PHYSICIAN'S 22d. ADDRESS Page 4 may director, po should be f NAME (Type) RIVE 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (Gty or Town) 230. BURIAL CREMATION, (Stote) (County) ENGY-1(Se Brify) Jan. 9, 1968 Acacia Cemetery Royal Oak, Michigan Robert A. Pumphrey Bethesda, Maryland 2So. REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1968



LIVI)	- 5	E8 mt					ON STREET, BAL		YLAND 21201			
FOR STAFE		01191					CERTIFICATE			011	195	
HEALTH DEPT.	1 0	ECEASED NAME Type or Print)	Vinc		M dd Euge		Johnson	ı, Jr.	20 DATE KNOWN X OF ESTI DEATH MATED	Month Do	82, 01°	2b HOUR
	3 5	x Male	4 RACE Negro	S. DATE OF BIE 8/21/0		6. AGE (In year lost birthday)	MONTHS 2044S	IF UNDER 24 HRS HD JRS M.H.	2c DATE PROMOUNCE	D DEAD Doy 10	Year 19 68	2d HOUR
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ofter death any delay 8. Give Pages 1, 2, and 3 along with form PM3. Po with the State Department leath		ity or town of	DEATH	[N	AME OF HOSPITA	or instituti	ON (if not in hosp to	120. USUAL (OCCUPATION (Kind of w of working life, even if nfant	ork done 12 retired 1N	b KIND OF BUS DUSTRY	INESS OR
afte alam with	130	USUAL RESIDEN(dm ssion) STATE	E (Where deceos	ed lived, if institu	Howard	before 3c (oksville	3d. INSIDE CITY LIMITS?	3e STREET AND NUM	VIBER	. 2	
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w thin 24 n pencl in Examiner's File pages i 72 haurs		WAS DECEASED EV es, no, or unknow NO	ER IN U.S. ARMED 1 (If yes give	FORCES? war or dates of service)	16b SOCIAL SEC	JRITY NO	17 INFORMANT Medical	Records	ADDRI 3	:35		
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firate sting the rded to as a b	z	PART 2 OTHER S	GNIFICANT COND	ITIONS CONTRIBUT	NG TO DEATH BE	JT NOT RELATE	D TO THE TERMINAL I	DISEASE OR COND T	ION GIVEN IN PART 1(0)			
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恒二 平。	DICAL	CAUSE OF DEATI	CONTRIBUTING (0y, Year 19	21c HOW INJURY O	CCURRED (Enter no	ture of injury in Port 1 o	or Part 2, Item	18)	
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CAL exe or. P or. P cd for			certify that I t		re remains de		ve, held an Auto	apsy K, la Hamicide	. —	nquiry ,		y apınlan
UTY Dick Iny, please eneral director be retained RAL DIRECTOR		ACTUAL SIGNATURE	120	Den	71	(es,	A CHI	IEF MEDICAL EXAM.	NER	22b DATE SIG		
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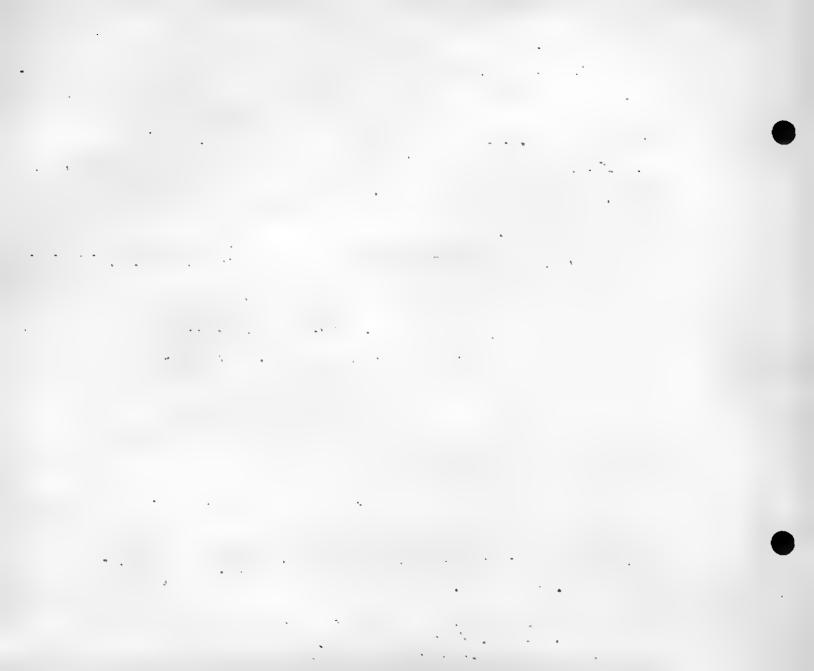
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The	has se c	I					YES KK	NO 🔲	CAUSES OF DEATH?		
Ä.º	ar u feat		210 ACCIDENT WAS UNDERLYING CAUSE OF DEA			21c. HOW IN.	JURY OCCURRE	D (Enter noture	of injury in Port 1 or Port 2,	Item 18.)	
pite p	a table	MEDICAL	(If either, notify medical exami	ner) P.M.	19						
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.	FUNIRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled addirector, page 3 shauld be detached far use as the bural-transit permit. Then please remave carbon paper shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72	2	21d INJURY OCCURRED 21e. While Not while at work of work	PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATIO	N Street or I	R.F.D No.	City or Town	County	Stote
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ro Hospital Page 4 may	O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMAT ON, 23b	DATE	29p.ANAME-DESE						(Stote)
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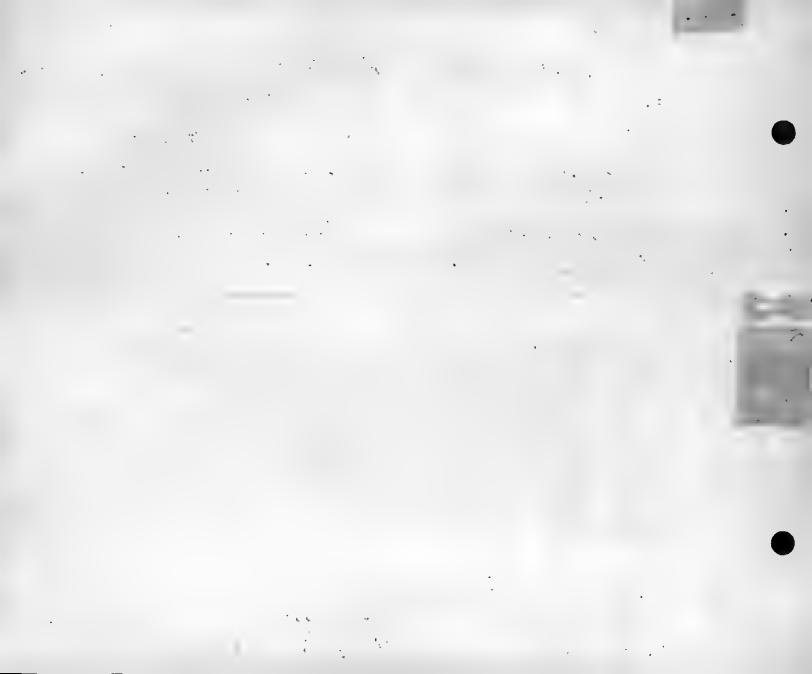
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR 24 hours after death eral (Type or print) JOYCE JE UNDER 24 HRS S. DATE OF BIRTH AGE (in years TE HADER 1 YEAR 3. SEX lost-birthday) DAYS 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED (ountry) DIVORCED [WIDOWED [3] Massachusetts completely filled nove carbon paid 120. USUAL OCCUPATION (Kind of work done, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if ret red) give street oddress) burial, cremation, or removal, ond in ony event, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER aruland ntaomenu 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First First Edward 1828 Jellersen Place, N. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknown) -38-5961 Kaumand Gabi APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: STARVATION NANITION IMMEDIATE CAUSE (a) BOME YOUSCERIA signed by the burial-tronsit p Conditions, if any, which gave) 161 METASTATIC CARCINOMA, WIVESPREHD rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CARGINAMA (R) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o Page 4 may be retoined by the hospital or attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO N 21g, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State Street or R.F.D. No. County OFFICE BUILDING, ETC While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from IFRIL, 1964, to JAN 28, 1968, that (1) (we) last saw the deceased alive an JAN 27, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) ROCKUILLE CALOWELL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23a BUR:AL, CREMATION "REMOVAL (Specify) 2Sa REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



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	- 100	1/3	1 DF	CEASED-NAME F.rst	SCHA! Alliante A	Lest Lest	20. DATE OF DEATH	2b. HOUR
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01200	
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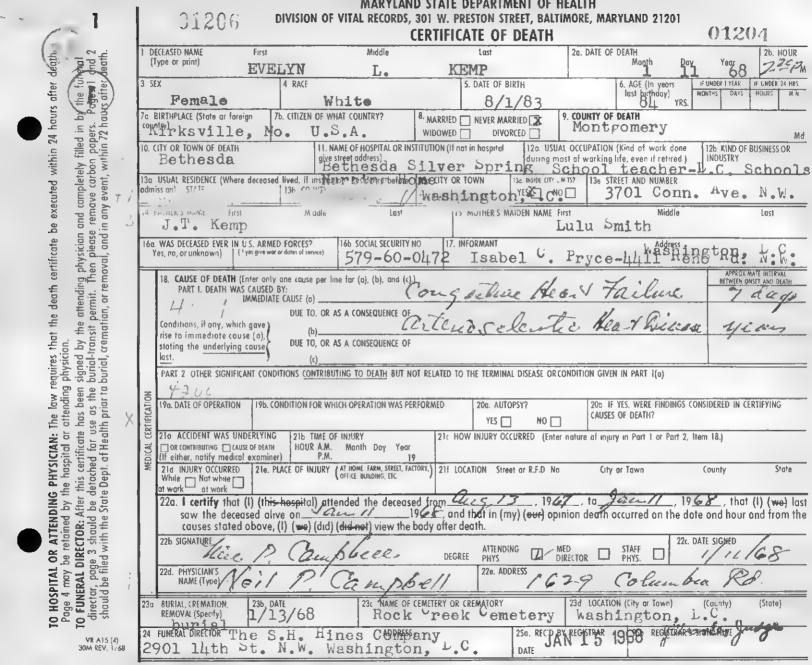


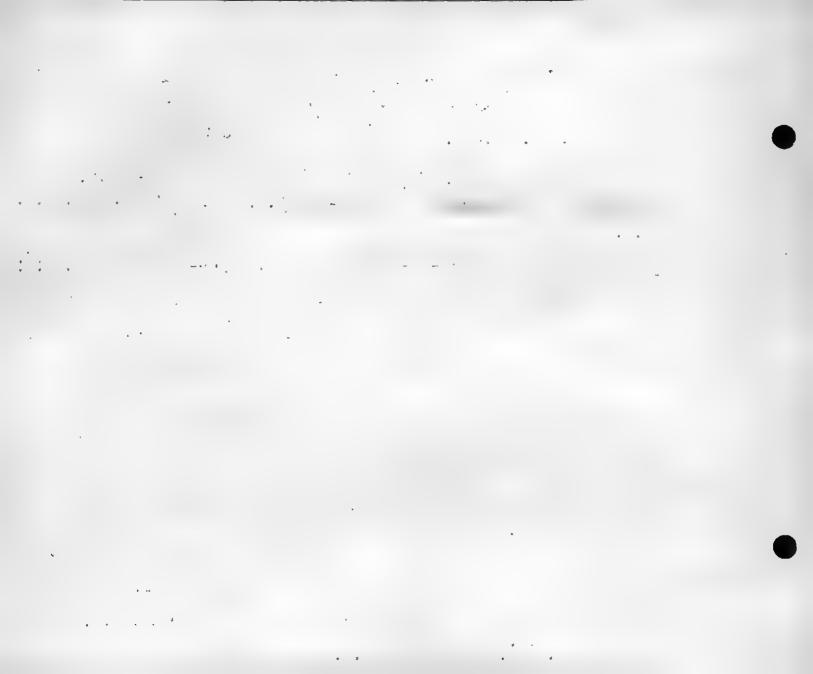
STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission) a. COUNTY, mon/Gome 18 MARYLAND memleomERY b. CITY OR TOWN (if outside corporale l/mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town WHEATON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 13104 Matey Road NO L papers. n 72 hol completely 3. NAME OF DATE DECEASED OF (Type or print) within carbon 9. AGE (In years | IF UNDER 1 YEAR and Months attending physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working lile, even if retired) HOUSE WIFE 13. FATHER'S NAME = and Ω Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT signed by the 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) burial-transit **DUE TO** attending colon + LEFT Conditions, if any, which has been geve rise la Immediete ceuse (a), stelling the underlying couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 2 PERFORMED? Prior NO 🗵 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While ŏ et work et work p.m. to 1-19 (we) last 21. I certify that (I) (this hospital) attended the deceased from. .19. G.S., and that death occurred at G.S...M., from the causes and on the date stated above saw the deceased alive on.. 220. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR O HOSPITAL death. Page 4 O FUNERAL PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)(T filed v 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) OFB O Parklawn Cemetery Rockville, Maryland 250. REGISTRAR 356, REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE Bethesda, Maryland VR A15 (4) 2 20M 5-63

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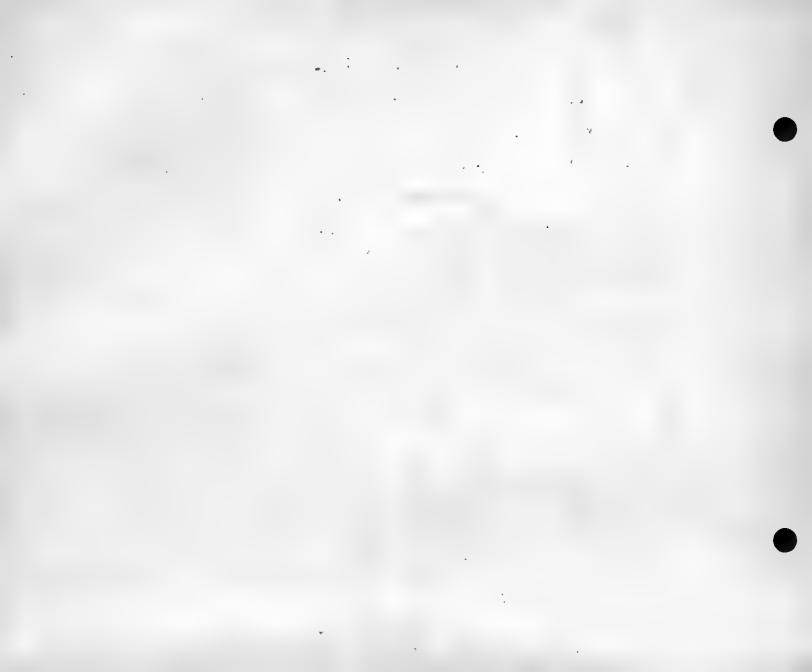
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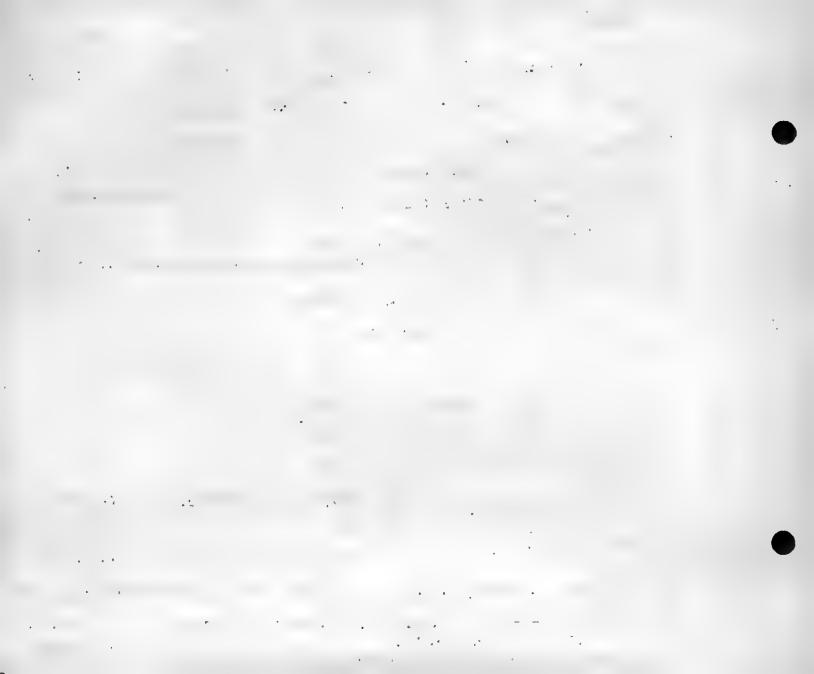
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	cute ng` dical	rmit			PART DEATH WAS CAUSED BY Acute Bilateral Interstitial	BEIMESH DROKEL MAD DEATH
	exe endi Me	t pe			DUE TO, OR AS A CONSEQUENCE OF	
	d 'p	ransi			Canditions, if any, which gave nise to immediate couse (o), (b)	
	word word	buriol-transit permit F			stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	e sh the to 1	s o bur			(c)	<u> </u>
	ficot iing rded	ds o			492X	
	This certificate should be executed within 24 hours offer death incite, writing the word "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with form	fles. 3 should be used a pation, or removal.		CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	-			CER1	21a EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING TO 15 HOUR A.M. 2.c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, it	em 18)
	INER: e certifi should	les. shou		MEDICAL	CAUSE OF DEATH P.M. 19	
	DICAL EXAMINER: This of the certificate, ector. Page 4 should be far	your fles. Poge 3 should cremation.		W	21d NJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, white Not white Corry, affice building, etc.)	Caunty State
	cute	r your			22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	r1:
	CAL exe	d fo			22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner	ond in my apinian
4	pleose e	oine IREC			CHIEF MED CAL EXAMINER	
•	P lo	AL D			ACTUAL SIGNATURE SIGNATURE 226 DATE 226 DATE	SIGNED
	O DEPUTY necessory, p the funeral	5 may be retained for y TO FUNERAL DIRECTOR: Po Health prior to buriol of			EXAMINER'S DEPUTY MEDICAL EXAMINER JAN	12/9/8
	o bl	E C		23a	NAME (Type) DELDEN APPRESS STORD, ANY COUNTY) BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY, OR CREMATORY (23d LOCATION (City or Town))	(County) , (State) /
	-	2		R	REMOVA (Specific 1-16-68 Mount Olivet Denver	(County) (State)
				24_	ELVERNT DIRECTOR 256. REGISTRAR'S 256. REGISTRAR'S	
		R A15ME (5) M REV 1/68	3		U.W. Comber en Dash J. D. Dasgos AN 18 1968 Clien	les judges
						-



	MARYLAND STATE DEPARTMENT OF HEALTH
EOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01206 01206
HEALTH DEDT	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
N D O SE	(Type or Print) OF ESTI- 7 O 68 12D
3 to Sage	3 SEX 4 RACE S DATE OF BIRTH 6 AGE, n years IF UNDER 14 ARS 20 DATE PRONOUNCED DEAD 2d HOUR
	ON AND STREET ON MONTH'S DAYS NOVES MIN MONTH TO DAY O YEAR 69 7 25
PM3,	Female White 2/2//0000 99 YRS. 1 9 1900 12 MM 70 BIRTHPIACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	(Ountry)
th iges fate	New YORK USA WINDOWLD DIROTTED TO THE CONTROL OF MADE OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
after death and a Give Pages 1, 2 along with farm with the State Depter	give street address) Holar Change Hoan during mast of working life, even if retried.) INDUSTRY
	130 S. S. PESITENCE (Where despected hand if not traine Paradore hates 12 CITY OF TOWN 130 HSDF CITY AND MILIADED
e e vi e vi	adm ssion) STATE Maryland 13b COUNTY Montgomery Sil. Spr. YES X NO 712 E. Notley Rd.
hours Item 11 Office Jand2	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
	Edward Williams Frances Rowley
# <u> </u>	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Daughter. ADDRESS AND ALL DECEASED EVER IN U.S. ARMED FORCES?
	(Yes, no, or unknown) (1 yes give war or dates of service) None Mrs. G.M. Niles Same Silver Soring Md
d with the lexar	18 CAUSE OF DEATH (Enter only one cause per limb for (a) (b) and (c))
executed nding" in Medical E permit. F	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) lave aronary onsufficiency
be execute "pending" lef Medica nsit permit	DUE TO, OR-AS A CONSEQUENCE OF
d be exident pend Chief Mittansit puritions in yevent	(conditions, if any, which gave) (b) Organizery (Mrlery Hear) Alsodse.
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should be one ward "per on the Chief on the Chief burial-transit in any ever	lost (t)
d the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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certificate, auld be fores. Havid be to have have have have have have have have	¥E NO X
# 200	
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	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, foctory, affice building, etc.) 21f LOCATION Street or R.F.D. No. City or Town County Stote
	AT WORK AT WORK
ICAL E exect for. Po for CTOR: bur.ol,	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
please e director retained or to bu	deoth resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner
please please durector retained or to b	ACTUAL CHIEF MEDICAL EXAMINER TO THE PART SIGNIFF
Ssary, ple funerol di by be rett NERAL D fth prior	SIGNATURE AND ASSISTANT MEDICAL EXAMINER 220, DATE SIGNED
DEPUTY SICAL E CESSARY, please exect e funeral director. Por may be retorned far FUNERAL DIRECTOR: callth prior to bur al.	EXAMINER'S DELOGAL DEAL DEAL DEAL DEPUTY MEDICAL EXAMINER OF ADDRESS SPEED OF THE PROPERTY COUNTY)
necessary, the functo S may be TO FUNERAL Health pri	Bank Marine
	REMOVAL (Sperify)
	24 FUNERAL DIRECTOR STATES SIGNATURE
VR A15ME (5)	ye year Earter Francisco
10M REV, 1/68	warner C. Pumphrey, Inc. Silver Spring, Md. DATE JAW 15 1968 Milanley Judge



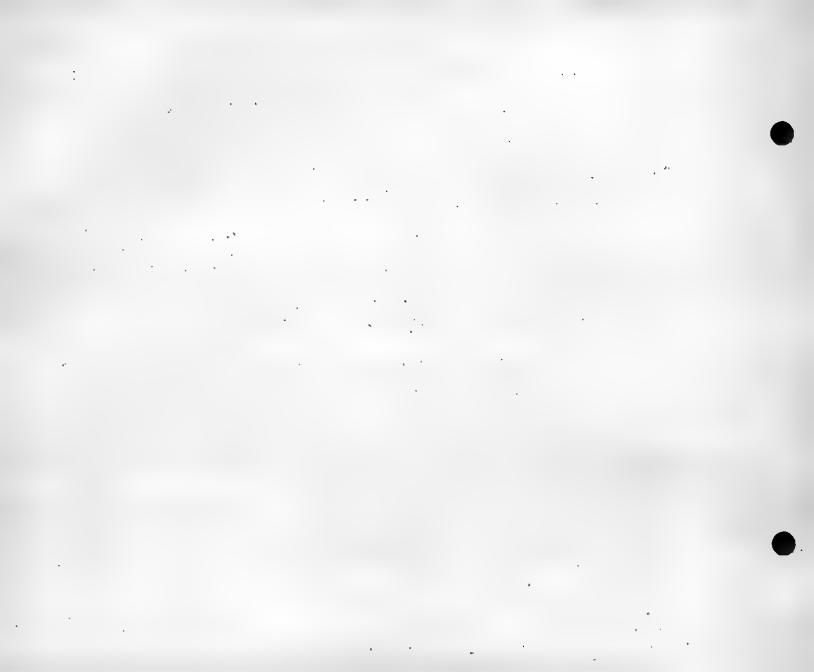
1	2 22 0 2			STATE DEPARTM				
	31203	DIVISION OF \				E, MARYLAND 2120		
				RTIFICATE OF		Dare Of Brazil	0120	
	ECEASED NAME Firs (Type or print) Twin	Baby Boy	Middle	KING Last		Januar youth	Day Year	26. HOUR
3. 5	X	4. RACE		S. DATE OF B	IRTH	6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
	Male	Cauca			ember 196	7		11 7
COU	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHA		MARRIED NEVER MAI	CKIEDIX	JNTY OF DEATH		
	ryland	USA	NE OF HOSPITAL OR INSTIT		RCED MO	ntgomery UPATION (Kind of work do	one 12b KIND OF B	Md.
	Bethesda	give st	reet oddress) aval Hospit	al.		working life, even if retire	ed.) INDUSTRY	
13o adn	USUAL RESIDENCE (Where decedission) STATE	ased lived, if institution 13b. COUNTY	n: Residence before 13	CITY OR TOWN	YES NO NO	13e. STREET AND NUMBER	•	t
14	FATHER S NAME First	Middle	rost	15. MOTHER'S M	AIDEN NAME First	Middl		Last
	Unkno	พท			Mar	У	King	
160	. WAS DECEASED EVER IN U.S. AR	RMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT		Addres		Md.
	(es ng or unknown) (II yes give	war or pates of service) N/A	N/A	Woodrow	King, 460	O Tuckerman		rdale_
	1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		for (a), (b), and (c).)				BETWEEN ON	ATE INTERVAL SET AND CEATH
	, the death was caus	IATE CAUSE (o)	Hyaline men	brane dise	ase			
	Conditions, if any, which gave		A CONSEQUENCE OF					
L	rise to immediate cause (a).	(b)	Prematic A CONSEQUENCE OF	rity				
	stating the underlying cause	Due IU, UK AS	A CONSEQUENCE OF					
L	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CONDITI	ION GIVEN IN PART 1(a)		
2		-						
CATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED 20g AUTO	PSY?	206 IF YES, WERE FINDIN	IGS CONSIDERED IN CER	RTIFYING
CERT F.				YES 2		CAUSES OF DEATH? Yes		
AL CE	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	INJURY Month Doy Yeor	21c. HOW INJURY OC	CURRED (Enter notur	e of injury in Port 1 or Por	rt 2, Item 1B.)	
MEDICAL	(If either, notify medical exam	niner) P.M.	19	() 015 10517011 5	A se D.C.D. No.	Character and	Cau-to-	Stote
~	at work ot work		AT HOMF, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			City or Town	County	
	22a. I certify that (序(t saw the deceased	his haspital) atte	nded the deceased	from Dec 3	19_67	to Jan. L	, 19 <u>68</u> , that	(X) (we) last
	saw the deceased causes stated/abov	ce. (H) (we) (did) 6	did sat) view the bar	oo, and that in (# Iv after death	(our) opinian	death accurred on th	e date and haur a	ind fram the
	22b. SIGNATURE	0/0/			40 110		22c. DATE SIGNED	
	Level	Jwan!	M	DEGREE PHYS.	NG DIRECTO	R STAFF PHYS.	Jan. 3, 1	968
	22d. PHYSICIAN'S NAME (Type)			22e. ADI				
	Gene	P. Swartz				tal, Betheso		
230	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE		ETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
24		1-5-68	Cedar	Hill Cremat	2Sa, REC'D BY REG	iashington ISTRAR 1256 REGISTI	RAR S SIGNATURE	- C
	FUNERAL DIRECTOR Falls			**	DATEJAN	8 1968 ACC	ionles Jane	-
	1102 West Bros	o St., Fa	us Church	Va.	NO PATE	O IOOM F		



					MARY	AND STAT	E DÉPARTA	MENT OF	HEALTH	1			
1		01210		DIVISION C	F VITAL RECOR	DS, 301 W.	PRESTON ST	REET, BAL	TIMORE,	MARYLAND	21201		
		0 2 70 3. 0				CERTIF	ICATE OF	DEATH				0120	IQ.
= -2=		ECEASED-NAME	First		Middle		Last			ATE OF DEATH			26. HOURA
death.		(ype ar print)	Twin	Baby Bo	ру "В"	KIN			Ja	ınuary ^{Mor}		-/-	1212 M
	3. \$1	X		4 RACE			5. DATE OF B		/		(In years irthday)	MONTHS DAYS	#OURS M N
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nours hours		BIRTHPLACE (State of htry)	foreign	7b CITIZEN OF	WHAT COUNTRY?		ED 🔲 NEVER MA			TY OF DEATH			
24 lired irreper		Marylar		US		WIDOW		RCED		tgomer			Md.
within 24 ho ely filled in ban papers, within 72 h	i i	CITY OR TOWN OF DI	ATH	11	NAME OF HOSPITAL (OR INSTITUTION (If nat in haspital	12a USU	JAL OECUP	ATION (Kind of	wark dane	12b. KIND OF E	
with tely had with with the wi		Bethesda			ve street address) Naval H					rking life, eve		1112031111	N/A
R ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours retained by the hospital ar attending physician. ECTOR: After this certificate has been signed by the attending physician and campletely filled in by shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pawith the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours.		usual Residence (Where deceos Vland	ed lived, it insti 13b COUNTY	rution: Residence be			3d INSIDE CITY YES N	IO 🔲	3e STREET AND		an Stree	*
xec mov my (14	FATHER 5 NAME	First	Middle		ist	15 MOTHER S M	A:DEN NAME	First	4000 1	Middle	an Derec	Last
be e e rei		τ	nknowi	1					Mary	r		King	
ate iciar leas and	16a	WAS DECEASED EVE	R IN US ARM	LED FORCES?	16b. SOCIAL SECU	RITY NO. 1	7. INFORMANT				Address		Md.
rtific phys en p rval,	N	(es, na, ar unknawn) O	N/1	or or dates at service)	N/A		Woodrow	King,	4600	Tucke	rman St		
attending permit. The		18. CAUSE OF DEA	ATH (Enter an	ly ane cause per	line for (a), (b), on	d (c).)	-					BETWEEN ON	ATE INTERVAL SET AND DEATH
end mit. arr		Mrs / I	NOS CAUSE	TE CAUSE (a)	Hyalin	e Membr	ane Dise	ease					
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the sit is matin		Canditions, if any, use to immediate	which gave) cause (a),((b)	Premati								
train the cree	ı	stating the under	ying couse	DUE TO, O	R AS A CONSEQUENC	E OF							
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affe affe has se c th p							YES 😿		_	CAUSES OF DEAT	ies		
Lar u	L CERT	21g ACCIDENT WA			OF INJURY M. Manth Day	210	. HOW INJURY OF	CURRED (Ent	er nature (of injury in Part	1 or Part 2, !	Item 18.)	
記録書書	MEDICAL	(If either, natify m	edical examir	ner) P#	VI.	19							
HYS hos s ce ache ache ept.	E	21d. INJURY OCCUI	RED 21e.	PLACE OF INJUR	Y (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 211	. LOCATION Stre	et or R.F.D. N	0.	City or Town		County	State
de table		While Nat whi at work at war	ا لـا `						7			(0 1	(A) ()))
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A S D S S S	L	22b SIGNATURE	21	DV			ATTEND	ING -	MED	- STAFE		DATE SIGNED	
OR be 3	L		Dercel	Ju	Election	100	EGREE PHYS	(X)	DIRECTOR	STAFF PHYS.	□β Ја	an. 1968	3
may MAL Pac Pac Pac		22d PHYSICIAN'S" NAME (Type)	Gana	D Street	rta, M. 1	n	22e. AD		_24_7	Deth	d - 1	Manual and	3
NER HINER LIGHT,	pa.						OR CREMATORY	al nos		OCATION (City of		Maryland	(State)
to Hospital OR Page 4 may be O FUNERAL DIRI director, page 3 Schauld be filed v	230	BUR-AL, CREMATION REMOVAL (Specify)	1	-5-68			L Cremat	orv		shingt	,		D. C.
E-E VRACYON	24	Crematic FUNERAL DIRECTOR			h Funeral			2Sa. REC'D	BY REGIST	RAR 25b	REGISTRAR S	SIGNATURE	* " }*
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		5,211	MARYLA	ND STATE DEPARTMENT OF	HEALTH	
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and the same of th	-	ven real co	71 2/19/00 KK	CERTIFICATE OF DEATH	1	02827
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ours ours		BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WEVER MARRIED	9. COUNTY OF DEATH	
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c	10 (ITY OR TOWN OF DEATH			SUAL OCCUPATION (Kind of wo	rk done 112b, KIND OF BUSINESS OR
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eve eve	oam	ssion) STATE Maryland	136 COUNTY Monta.	Rockville YES	но□ 5708 Dim	as Hoad
be executed withing and campletely remaye carban in any event, with	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAMI	E First	Middle Last
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ohys riffi	Ľ	63, 110, Of BIRRIOWIT)		59 Lula Kicks	5 WAShin	atoN D.C. S/C.
ng p The		IB. CAUSE OF DEATH (Enter only	ane couse per line far (a), (b), and (11/19/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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nding rending been so the sorta	S		H151 900	7		
pr d	IS.	196. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS		CALLEGE OF BEATUR	INDINGS CONSIDERED IN CERTIFYING
는 이 수 용돈	CERTIFICATION	O' ACCIDENT WAS UNIDERLYING	LOU TIME OF INDIRA	YES NO		
al o lo control of lo control		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH	21b TIME OF INJURY HOUR A.M. Manth Day Yea	21c HOW INJURY OCCURRED (E	nter nature at injury in Part 1 c	or Port 2, Item 18)
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	MEDICAL	(If either, natify medical examiner		19		
6 PHYSICIAN: The hospital or at this certificate ho detached for use to Dept. af Health,	_	***************************************	ACE UP INJURY (OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	No City or Town	County State
t de t		at work — at work —	hansteelt are all of the days	sed from 2// 19	33, to 2/3/	19 68, that (I) (we) los
ATTENDING Frained by the CTOR: After the should be dirth the State	ı	saw the deceased aliv	hospitol) attended the deced	ond that (n (my) (our) و 19 أصفا		n the date and haur and fram the
OR: of the control of	ı	causes stated above,	(I) (we) (did) (did not) view th	e body ofter death.		
OR ATTENION DE retained DIRECTOR: A shauld ed with the		22b SIGNATURE	111	ATTENDING TIL	MED: STAFF C	22c. DATE SIGNED
DIRE DIRE		- Glill Musi	Jens 1	DEGREE PHYS	DIRECTOR PHYS.	2/3/61
May Page 1		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
Page 4 may be retained by the hospital or O FUNEAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Heal	02		7	F. CELLTERY OF COST	L ma 1 1004 710 10	
Page Page Afire Shak	230	BURIAL CREMATION, 23b DA	b. 5,1968 Ash	F CEMETERY OR CREMATORY	23d LOCATION (City of To	1// _1 . D. 1
	124	EUNERAL DIRECTOR	D. 3, 1760 175h	remorial em		GISTRARY SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



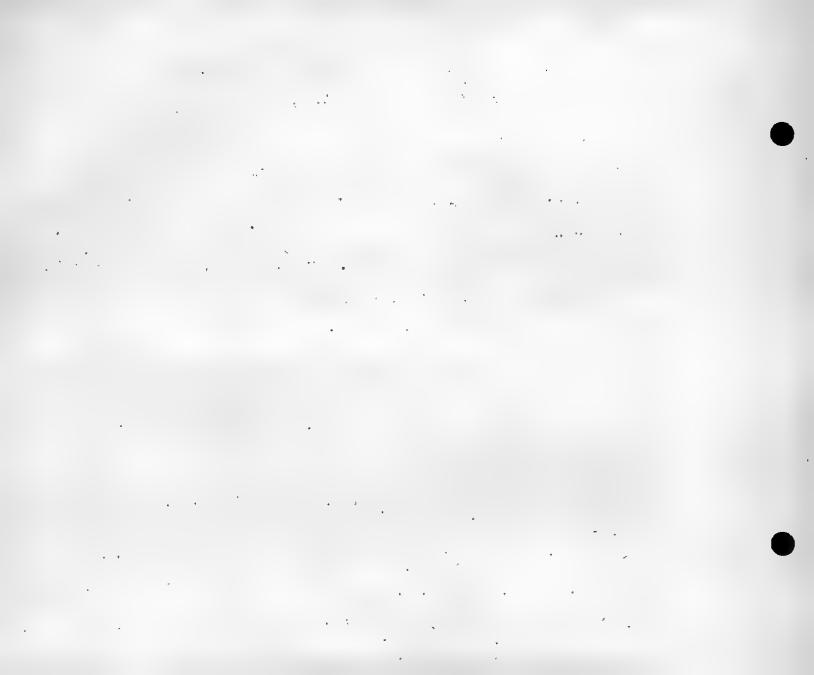
FOR STATE		Items 13a,b,c,	MEDIC)	L EXAMINER	S CERTIFICATE OF DI		01210
HEALTH-DEPT.		CEASED-NAME First	12 436-4-1	Middle	Last	20 DATE KNOWN[X] Month	Doy Year 2b HOUR
v 9 42 3	(ype or Print) PE	TEP	William	LA CORTE	OF ESTI-	1 1905 17 M
ठेल की नहीं विकास	3 5	X 4 RACE	S DATE OF BIRTI	H 6. AGE (I	yours FUNDER YEAR IF UNDER		2d HOUR
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E ANS	70	are	CITIZEN OF WHAT		MARRIED NEVER MARRIED	9 COUNTY OF DEATH	140 9 1 1 malu
-(E 1 a)	coun			-	WIDOWED DIVORCED	montgome	
frer death Give Pages ang with for ith the State I	10.6	TY OR TOWN OF DEATH		AF OF HOSPITAL OR INST		SUAL OCCUPATION (Kind of wark done	1126 KIND OF BUSINESS OR
Page with		0 .:		eet address)	dumps	g most of warking life, even if retired)	INDUSTRY
hin 24 haurs after death not in Item 18 Give Page niner's Office along with pages I and 2 with the Stathours after death.	120	SUAL RESIDENCE (Where decease	d 1df)?.	SE CATY OR TOWN . 136. INSIDE CITY	UMITS? 13e STREET AND NUMBER 522	-
offer along with death.		mission) STATE Kill mere decease	a rivea, it instituti	on Kesidence betogen.	A COLLEGE OUT	NO THE PETERNO NUMBERS 22	2 22nd St. N.W.
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t haurs Office Office offect d	14. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER S MAIDEN NAME	9	Last
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NER: This certificate shauld be executed within 24 haurs after death certificate, writing the ward "pending" in mencil in Item 18 Give Paghauld be forwarded to the Chief Medical Examiner's Office along with ites. Should be used as a burial transit permit. File pages land 2 with the Station, or removal, and in any event within 72 hours after death.	_	4	TOTO CONTRIBUTION	O TO DEATH BOT MOT KI	CALLO TO THE TERMINAL DISEASE OR	COND TON CITEM IN TAKE 1(0)	
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INE e co sha sha fille fille a sha a	MED			hame, form, street,	21f. LOCATION Street or R.F.D. No	City or Town	County State
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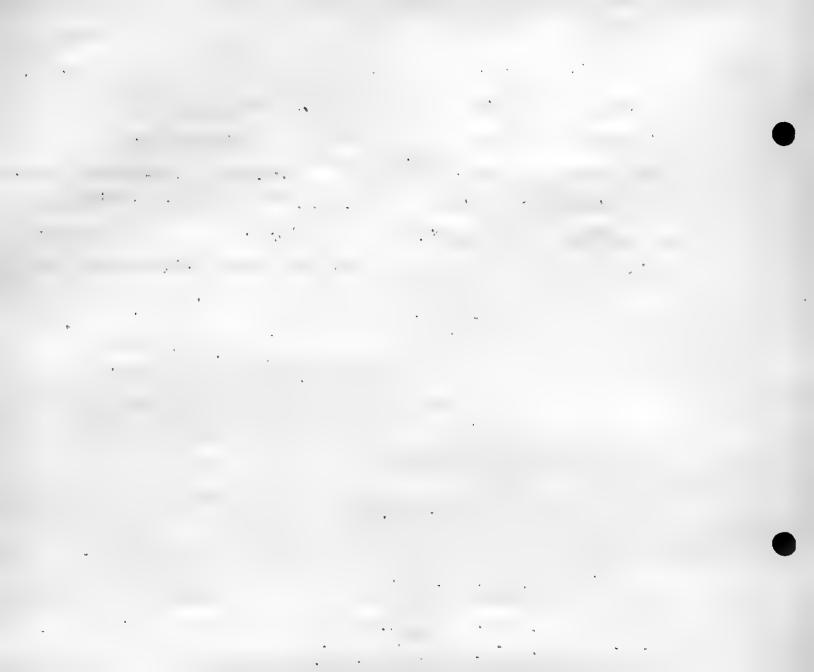


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and cc remain		ATHERS NAME First Bertra	Middle	Lane	is. MOTHER'S MAIDEN	NAME First	M ddle	Lost	
icate b isician please I, and i	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO	17. INFORMANT		Address ine 5815 Wal		thes Md
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OSP e 4 e ectar	230	BUR AL, CREMATION, 23b	DATE	23c. NAME OF CEM	ETERY OR CREMATORY		LOCATION (City or Town)	(County) (State	e)
T Page Single Si	L	REMOVAL Sienty L	1-31-68	Parkla	wn Cemetery	y	Rockville N	iont M	
VR A15 (4) 30M REV 1/684	24.	FUNERAL DIRECTOR Robert A Pu	mphrey 75	57 Wisco	nsin Ave DAI	REC'D BY REGIST	2 1968 REGISTRARS	SIGNATURE Judge	•
	-			peti	esda, d				

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		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-	l	CERTIFICATE OF DEATH 01214
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E ST CHE	1 -	ITY OR TOWN OF DEATH IT NAME OF HOSPITA. OR INSTITUTION (If not in hospital 12a USUA. OCCUPATION (Kind of work done give street address) Atthew Woodland Nursing dung most of working ife, even if retired) Home -1000 Date view Dr. Exceptation Contractor Self employed
tely fift	5	liver Spring Home-1000 Daleview Dr. Excavation Contractor Self employed
ecuted within completely sit ove carbon py event, within	13a adm	USUAL RES DENCE (Where deceased lived it institution. Residence before 713c. CTIV OR TOWN. 13d. INSIDE CTIV UNITS? 113e. STREET AND NUMBER
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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a retained by the haspital or attending physician. FECTOR: After this certificate has been signed by the attending physician and campletely sited in 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72	14, 1	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
e broan can case ase adding	16-	William J. Latimer Mary Bessant WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address
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h certificate be ing physician a Then please remaval, and in	H	APPROXIMATE INTERVAL
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The law rathending has been se as the h priarta	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has has	EEC	YES NO CAUSES OF DEATH?
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YSICIAN: aspital ar certificate hed far u	MEDICAL	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) P.M. 19
MSD rasp	M.	21d INITIES OCCURRED 21e PLACE OF INITIES (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote
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END Bld A	1	saw the deceased olive an 19 15 and thot in (my) (our) epinion death occurred an the date and hour ond from the couses stated above, (I) (we) (did) (did not) view the body after death.
E di Di Signati	L	22b. SIGNATURE 22c. DATE SIGNED
OR John Per	L	DEGREE PHYS. D PHYS. D Vacu 31, 1968
AL C		22d PHYSICIAN S 2
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30M REV. 1/68	1	arner 1. Jumphrey, Inc. Silver Spring 111 DATE 1-1 5 1968



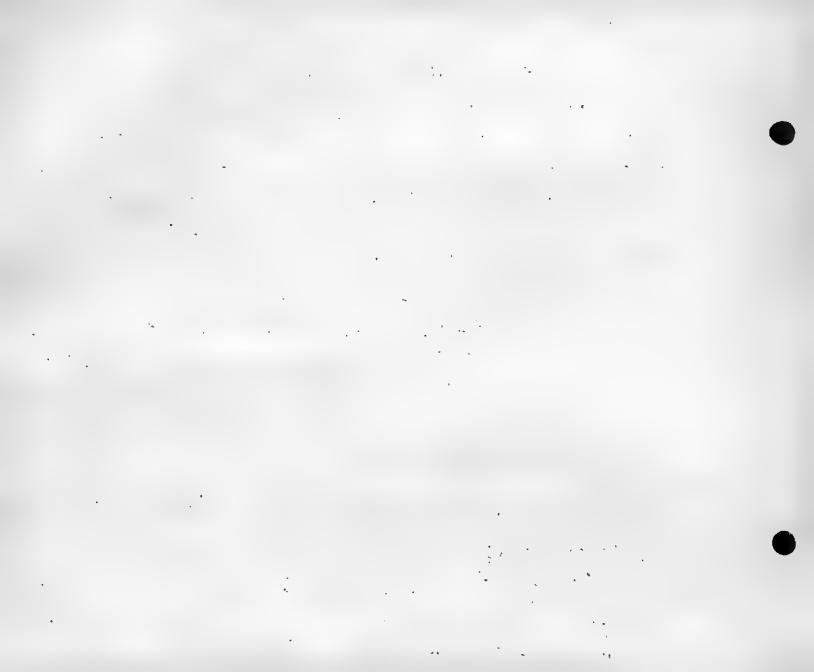
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH Last 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) 1111111 Bridge awtence 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER LYEAR last birthday) MONTHS DAYS aust 6 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED papers. hin 72 hc cuntry) downshire the attending physician and campletely filled in sit permit. Then please remave carban papers. DIVORCED WIDOWED 3 Mont omenu 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY LOWE in the police oudation ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 3d INSIDE CITY JAHITS? 13e STREET AND NUMBER odmissian) STATE 1 Coto 1 County YES 🔂 NO -14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Last 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If was give war or dates of service) Yes, na, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (p), (g)) and (c)) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF FRIOSOLE BOSIS Canditians, if any, which gave) **burial-transit** rise to immediate cause (a) signed by DUE TO, OR AS A PONSEQUENCE OF stating the underlying cause PIOSPLEROTIC burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. of Health priar ta NEUMONIA ONTESTIOD. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F D No 21d. INJURY OCCURRED City or Town County State While Not while at wark at wark 22a. I certify that (1) (this hospital) attended the deceased from CETOBER, 1964, to Have saw the deceased alive an 13-31 1961, and that in My lours apinion depth accurre 68, that (1) (we) last 1967, and that in (my) (our) apinian death accurred an the date and haur and from the couses stated abave (1) (we) (did) (did not) view the bady after death. 22b SUBNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR director, page should be filed PHYS 22a, ADDRESS 22d PHYSICIAN'S NAME (Type) Lemin Cloverty St ong d 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BJRIAL CREMATION. (County) (State) PREMOVAL (Specify) emptoni 2So. REC D BY REGISTRAR 2Sb. REGISTRAR" VR A15 (4) 30M REV. 1468

MARYLAND STATE DEPARTMENT OF HEALTH





1	k i	MARYLAND STATE DEPARTMENT OF HEALTH	
	ı	01220 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
-	l	CERTIFICATE OF DEATH	01217
モ - Zモ		ECEASED NAME First Middle Last 2a. DATE OF DEATH	Regr 834 M
funeral and er death	((ype or print) LOUISE MARY LINKINS / Manth 3 Day	(Sear 83 A M
fer fer /	3. SI	X 4 RACE 5 DATE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
E # B. N.	L	FEMALE CAUS 1890 last birthday) YRS.	MONTHS DAYS HOURS MIN
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and rem	14	FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle	Lost
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requires that the deoth certificate be executed within 24 hours after deoth g physician is signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral subvial-transit permit. Then please remove corbon papers reages 1 and 25 burial, cremation, or removal, and in any event, within 72 hours of ter death		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (1-service) 5 7 8-03-1019 FRANCIS J. LINKINS, 1400 FRAN	WICK LANE SSMd
phy en ovo	⊨		APPROXIMATE INTERVAL
Te The Test	L	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
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CIAN Figure 1	3	Greather, notify medical examiner) OR CONTRIBUTING GREATH HOUR A.M. Month Day Year 19	
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 should be detached for us led with the State Dept. of Healt	MEDI	21d. INJURY OCCURRED 121e. PLACE OF INJURY 1 AT HOME, FARM, STREET FACTORY. 1 214, LOCATION Street or R.F.D. No. City or Town	County State
JING PHYSI by the host form this cer be detache State Dept.	ı	While Not white at work	
ATTENDING stained by th CTOR: After t should be di		22a. I certify that (1) (this haspital) attended the deceased from 19 19 10 10 3 19	, that (I) (we) last
ed to the Shape of		saw the deceased alive an 1962, and that in (my) (aur) apinian death accurred an the da causes stated above, (I) (we) (aid) (did nat) view the bady after death.	te and haur and from the
AL OR ATTENI y be retained L BIRECTOR: A age 3 should filed with the			DATE SIGNED
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V by by by by file of file of		22d PHYSICIANS (220. ADDRESS & AD (Elesting)	Trive
PITA mo ERA r, p		NAME (Type) Philip I JOHRS M.D Sieber Spring om	1 20912
FO HOSPITAL OF Poge 4 moy be TO FUNERAL BIR director, page 3 should be filed	23g	BURIAL, CREMATION, 23b. DAIZ 23c. NAME OF CEMETERY OR CREMATORY 23c LOCATION (City or Town)	(County) (State)
5 0 0 p		But Alexand Jan 8. 1918 arlington National Conding arlington.	Virginia.
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS 250 REC D'BY REGISTRAR 256. REGISTRAR S	SIGNATURE
30M REV 1/68	X	liter Maller as Carril St, NW-back. LOC DATE JAN 8 1988 PClie	mes Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARY CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY MONTGOMERY MARYLAND MONTCOMERY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8504 LEONARD DRIVE 8504 DRIVE NO XX YES bon b and completely remove carbon 1 any event, with executed within NAME DE 3. First Month Middle Last 4. DATE Year DECEASED ROSETTA LISSAUFR (Type or print) JANUARY 22 19 68 DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED XX NEVER MARRIED FEMALE WIDOWED 56 DIVORCED T 14 ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) .5 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þ INDUSTRY COUNTRY? AT HOME HOUSEWIFE U.S.A BALTIMORE, MARYLAND death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME JACOB HOROWITZ MARY KLEINMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY ND. 17. INFORMANT SILVER SPRING. (Yes, no, or unknwn) (If yes give war or dates of service) 412-36-6370 LESLIE 8504 LEONARD DRIVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DNSET AND DEATH been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) The law requires that to artending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause fast. (c) ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY this certificate hadetached for use a Bept, of Health o PERFORMED? NO 🔀 YES CERTIFI 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 9 Hour a.m. After Whlle Not While be Stat be retained by at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 196 5. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 68 and that death occurred at saw the deceased alive or _M, from the causes and on the date stated above. 22a. SIGNATURN DATE SIGNED ATTENDING MED. DIRECTOR Page 4 may P PHYS M.D. PHYS. 22c. PHYSICIAN **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 1-25-68 HERRED **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) LEVINSON & BROS., 6010 15M 4-64

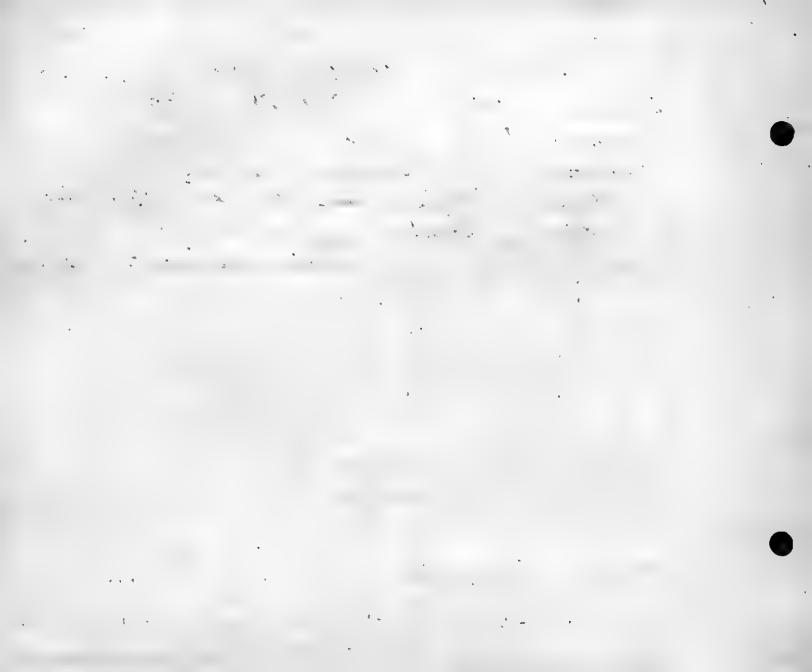


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01219 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR.... deatill CUM (Type or print) Month August Loeffler Carl 1968 burial-transit permit. Then please remave carbon papers:—Fages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH **LE LUNCER 1 YEAR** IF UNDER 24 HRS. 6. AGE (In years last birthday) DAYS HOURS YRS White Male January 12. 1873 QU. 7a. BIRTHPLACE (State or fareign 76 CIT. 7FN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED (vitnuo) WIDOWED DIVORCED [Wash D.C.
10. CITY OR TOWN OF DEATH Montgomery County
120 USUAL OCCUPATION (Kind of work done 1 United States 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR within give street address) remave carbon Westwood Nursing Home Bethesda, Md. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN requires that the death certificate be executed admission) STATE 13b. COUNTY YES NO 5101/Ridgefield/Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Charles David Adam Louisa Brown 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) Mrs. H. R. Josephson 5504 Burling Ct. Beth. unknown 579-60-0109 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit p rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE_OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a as been s as the t prior to t 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO TO director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from (I) (we) last sow the deceased olive an (I) (We) (did) (did not) view the body after death.

2auses stated abave, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Neil Campbell 1629 Colorado Road, Washington, D.C. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) - (County) 236 BUR AL, CREMATION Burial Washington, D.C. Rock Creek Cemetery 2-1-1968 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE. VR A15 (4) 30M REV, 1/68



31223 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01220 CERTIFICATE OF DEATH DECEASED-NAME Middle (Type or print) Month IF UNDER 3 YEAR arrer lost outhday) MONTHS YRS requires that the death certificate be executed within 24 hours RIRTHPLACE (State or foreign COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED I buriol, crematian, or removal, and in any event, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY remove carbon 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13b COUNTY NO 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME M.ddle Unknown 16b. SOCAL SECURITY NO. 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Droncho Hnowhin IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-transit ; rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) anderioseteros **D FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 1 190. DATE OF OPERATION 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [X] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 10.56, 19..., to 12.18277, 1969, that (I) (we) lost saw the deceased alive on 19.07, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (1)-(we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS STAFF PHYS. DIRECTOR DEGREE 22e. ADDRESS 22d PHYSICIAN'S 7801 NOLFUKAVE WYMAN JOHN M. NAME (Type) 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23o. BURIAL, CREMATION Cedar Hill Crematory Suitland, Maryland Cremation 1-20-68 2So RECD BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PUMPHREY. Bethesda, Md. Willander & 1968

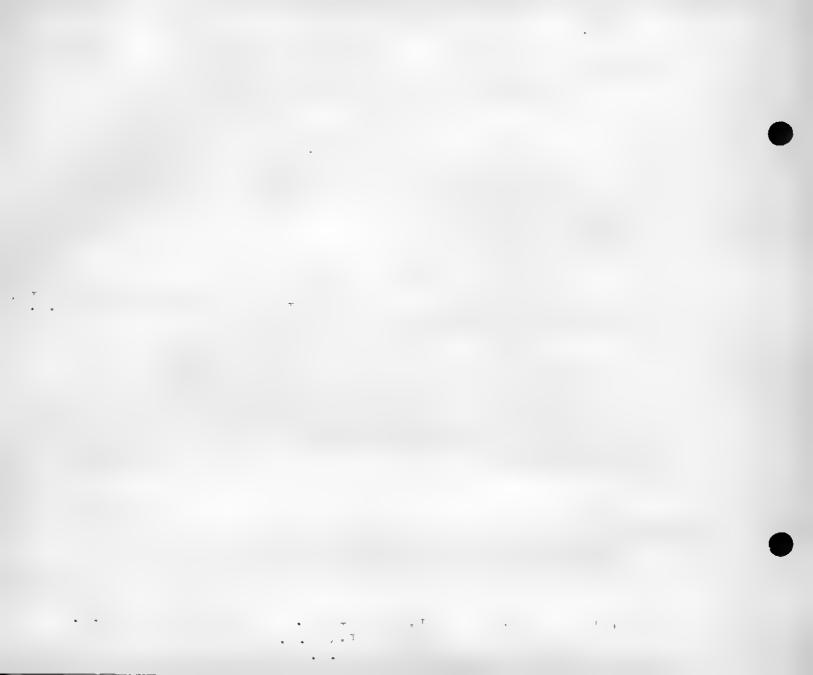


2		MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01221				
HEALTH DEPT)	1. D	DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	oy Yeor 2b HOUR				
in to so the		Type or Print) M274 Elzabath - LUCK DEATH MATED & JON /	3 1968 10 30 M				
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Tran PAM	70	Pre- N- Aug-26 1961 66 yrs Month Day Month Day BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1968 1/AM				
De De	(001		/				
oath Sages Ith far	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital . 120. USUAL OCCUPATION (Kind of work done 172	b KIND OF BUSINESS OR				
ve P the	_	Dethesad. 5062 POIN Flore	DLSTRY				
I hours after de Item 18. Give F Office along w I and 2 with the after death.	13o	USUAL RESIDENCE (Where deceosed i ved, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER and with ssion) STATE Mcl. 13b COUNTY Mortigons in 13the 5d a yes 12 No 1	21				
hours Item 18 Office o	_	Admission) STATE Med. 130 COUNTY Morthgomeis Bathesda YES X NO 5062 Pork. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	1-13et-				
t ho Iter Offi	14 :	George Henry Ball Blanche	Creamer				
within 24 hours after death pencil in Item 18. Give Pages 1, caminer's Office along with form 1e pages 1 and 2 with the State De 72 hours after death.		160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS					
t within 24 hours after death in pencil in Item 18. Give Pag Examiner's Office along with Evaminer's Office along with File pages 1 and 2 with the Stan 72 hours after death.	(7	(es, no, or unknown) (Hyes give war or dotes of service) 578-62-3393 Be+tha WISE-SISTER-SEE Irem 1.					
should be executed with each word "pending" in perithe Chief Medical Exaruntial-transit permit. Flein any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
be executed "pending" is ief Medical insit permit.		IMMEDIATE CAUSE (o) Labor Maumoula, acure	2 dego-				
ef Nen		OUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove					
ord bild by Chi		nse to immediate couse (o). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF					
shauld be e te ward "per to the Chief I burial-transit		$\frac{ ost }{490}$					
icate ng th ded t	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLIT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)					
certif arwaniarwan used omoval	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?				
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NER: 1 certific hayld the hayld these should the should	3	PRIMARY OR CONTRIBUTING HOUR A.M.	18)				
	MEDICAL	21d INURY OCCURRED 21a PIÁCE OF INURY (At home form street 21f IOCATION Street or RED. NO. GIV or Town	County State				
XAM Interthating your Page crem		WHILE AT WORK AT WORK foctory, office building, etc.)					
ICAL EXAMINER: e execute the cert for. Page 4 shoul- ed for your files. CTOR: Page 3 shou- burial, cremotion,		220. I certify that I took charge of the remains described above, held on Autopsy 🔀, inspection 🔀, Inquiry 🔀,	and in my opinian				
Se externed need need by but a but		death resulted fram. Natural causes 🖄, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌					
UTY BIC. Iny, please e eral director be retained RAL DIRECT prior to bu		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	THER				
UTY any, neroll be be		NO.	14/68				
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)					
5 = + 2 5 + V		Fort Lincoln Cemetery Prince Georges C	ounty) (Stote)				
VR A15ME [5]		oseph Gawler's Sons, Inc. 5130 Wise. Ave. N. W. 250 RECOBY REGISTRAR 256 REGISTRAR 256 REGISTRAR 256	SNATURE				
10M REV 1/68		oseph dawler & ons, the Wigh. D.C. PAN 18 1968 Manle	Judge.				



, 1	Ite	THE REPORT OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01222
HEALTH DEPT:		ECEASED NAME FIRST LOS 20 DATE KNOWN Month Do	ay Year 2b HOU
= 3 2 4 VV	(Type or Print) MAGID ABEAHAM NOVE DEATH MATED 1-2	?7 10687号
M3 Epo	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD loss by this OAYS HOURS M. N. Month Doy YRS	Yeor 1968 73
any 2,0		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
es l form		KUSSIA AMER WIDOWED DIVORCED MONTGOMER	4
offer death any S Give Pages 1, 2, alang with form with the State Department	7	ALOMA PARK give street address SAN HOSAFAN MACHINIST IN	B KIND OF BUSINESS OR DUSTRY
hours after 18 GO Office alan I and 2 with after death	٥	USA. RESIDENCE (Where deceased I ved, if institution. Residence before 13c (ITY OR TOWN 3d. INSIDE CITYMITS? 13e STREET AND NUMBER 3th Sistence of the	000 St.
24 hours a in Item 18 rs Office al	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
d within 24 in pencil in Examiners Erile pages in 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO 17 INFORMANT 1405 pt 401 RECORD	
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, shauld be farwarded to the Chief Medical Examiners Office along with farm files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Deation, ar remayal, and in any event within 72 hours after death		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Corona: Instficienc; ULTION OR AS A CONSEQUENCE OF	APPRIXONALE INTERVAL BETWEEN ONSET AND GEATH
be e "per iref / insit		Conditions if ony, which gave) a Arteriosci r tic Heart wisease	
This certificate shauld to will the will be farwarded to the Che be used as a burial-train remayal, and in any		rise to immediate cause (o) storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	
offe sold to a bi		PART 2 OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR COND TION GIVEN IN PART 1(0)	
tifica ardec ardec d as	No	The CANDY OF OR	Les massaus
this certificate are, writing the farwarded to be used as a be remayal, and	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
tNER: This e certificate, shauld be fo files. 3 should be in a should be in a should be in a should be in a should be in the shadian, ar remaining the should be in the shadian.	MEDICAL CERT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 19	
CAL EXAMINER: execute the certitor. Page 4 should far your files. CTOR: Page 3 should tremption, cremotion,	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLACE OF INJURY (At harne, form, street, foctory, office building, etc.) 21f LOCAT ON Street or R.F.D. Na City or Tawn City or Tawn	County State
CAL Executor. Pografication Po		22a. I certify that Look charge of the remains described above, held an Autopsy inspection . Inquiry	ond in my opinio
PUTY DIC. ssary, please e funeral director any be retained NERAL DIRECTOR.		death resulted from: Natural causes , Accident , Surcide , Hamicide , Undetermined manner]
JTY, ple erol di be rett RAL Di prior		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	NED
. DE		EXAMINER'S NAME (Type) BELDEN RESPONSE STEEL STE	27,196
0 g 4 2 0 H		BUNDALISOELYAL JAN-29-68 BE+H MOSES CEM PINELAWN-LJ.	ounty) (Store)
VR A15ME (5) 10M REV 1768	24	3. Danzansky + Sons 3501-1445+NN DATE AN 30 1968 BEGISTRAR S SIG	NAT ME LOGGE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31221 01224 CERTIFICATE OF DEATH First Middle last 2n. DATE OF DEATH DECEASED-NAME requires that the death certificate be executed within 24 haurs after death 'O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remove carban papers Pages Padd shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death (Type or print) Month William Mahaffey Rav 1968 Januarv IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3 SEX lost birthday) MONTHS Male White March 7, 1963 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED West Virginia Montgomery USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Bethesda Center 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136. CITY OR TOWN 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY west Virginia YES NO [Beckley 205 Earhart Street 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle William E. Mahaffey Kathryn Lois Powledge 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. The Medical Records Address Yes no or unknown) The Clinical Center, Bethesda, Maryland None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

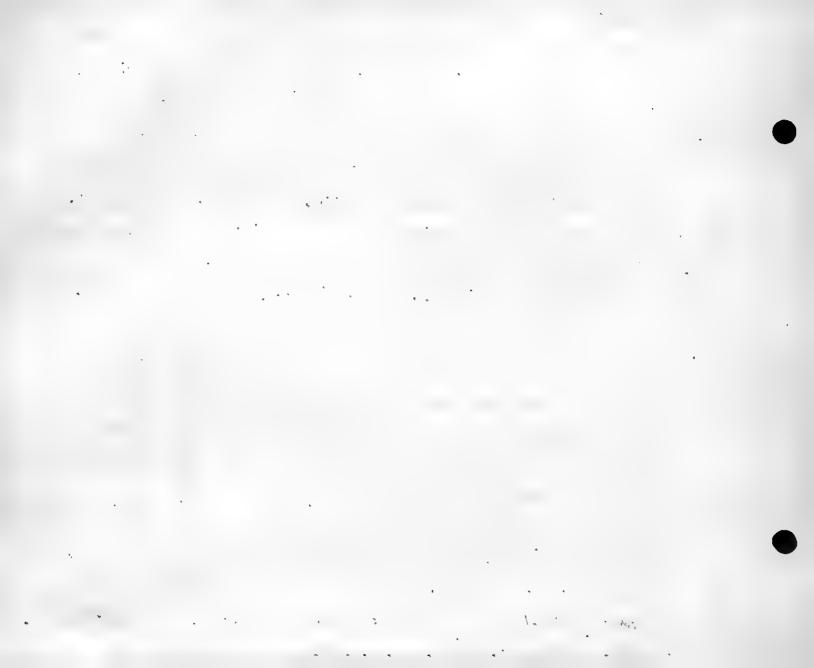
PART! DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Gram-negativ BETWEEN ONSET AND DEATH Gram-negative septicemia days DUE TO, OR AS A CONSEQUENCE OF (b) Bronchopneumonia Conditions, if any, which gave) 2 months rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause (c) Wiskott-Aldrich_Syndrome 4 vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Paralysis due to subdural hematoma. (1-1/2 years) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X Yes 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from April 21 , 1966 , to January 10 1968 , that (2) (we) lost saw the deceased alive an January 10 1968, and that in (XXX) (our) opinion death occurred on the date and hour and from the causes stated above, (X) (we) (did) (cickwit) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 2ann MD DEGREE X 10 January 1968 22e ADDRESSThe Clinical Center, National 22d. PHYS:CIAN'S NAME (Type) Thomas Waldmann, MD Institutes of Health, Bethesda, Maryland 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL, CREMATION, REMOVAL (Specify) Hampton, Virginia 1/11/68 FUNERAL DIRECTOR ADDRESS VR A15 (4) Falls Church F. H., Falls Church, Va. 30M REV, 1/68



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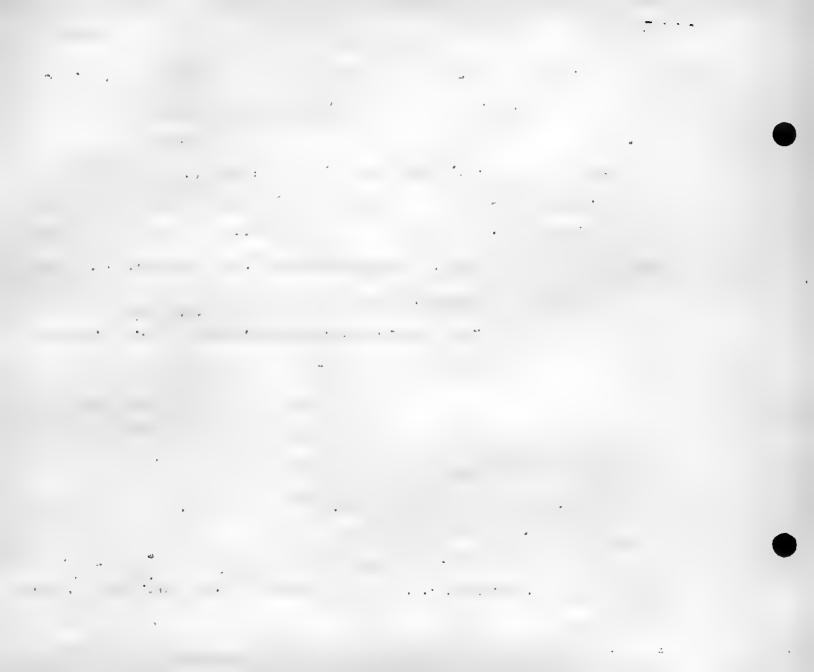


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n 1		O < O O z DIVISIO			DEPAKTMENT OF RESTON STREET, BALT		AND 21201	
FOR STATE		01234 DIVISIO			S'S CERTIFICATE			01231
HEALTH DEPT.		ECFASED NAME F		M ddle	Lost		20 DATE KNOWN Month	Doy Year 2b MAYR
ny delay is 2, and 3 to PM3 Poge eportment of	((ype or Print) Jame:	3	R.	MC CABE	1	DEATH MATED [Jan	
delay and 3 13 Po	3 5	X 4 RACE	S DATE OF BIRTH		(In years IF UNDER I YEAR rhday) MONTHS DAYS	IF UNDER 24 HRS. HOURS NUM	2c DATE PRONOUNCED DEAD Month Dov	2d HOMPA
y dell ond pm3		lale Cauc	Nov.28,	1928 3	9 YRS		Jan.	15 Year 19 68 1251
1, 2, on Deports	7o cour	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED NEVER MAI		NTY OF DEATH	
form to De		Kansas	USA	OC HOSOIAN OD IN			ntgomery	Md.
ofter deoth 8. Give Poges along with the State eoth.		ITY OR TOWN OF DEATH	give street	addrose\	TITUTION (If not in hospital	during mast of	UPATION (Kind of work done working life, even if retired.) IN AIR FORCE	12b. KIND OF BUSINESS OR INDUSTRY
er der dang vang vang vang vang vang vang vang v	124	Bethesda USUAL RESIDENCE (Where dece	acad fixed of sact testion		spital		I ALT FORCE 13e. STREET AND NUMBER	N/A
24 hours ofter deoth in Item 18. Give Poges 1, rs Office along with form ss lond 2 with the State De rs ofter deoth.	0	dmission) STATE De Lawa:	13b. (OUNTY	Kesidelike Deldie	Dover	YES NO	U.S. Air For	ce Rose
hours Item 18 Office I and 2 v		ATHER S NAME First	Middle	Losi	Is MOTHER'S MAII	DEN NAME First	Mrddle	lost
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thin 24 not in niner s poges hours	160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b	SOCIAL SECURITY NO			ADDRESS	
within pencil xomine ile poge 72 hou	- (es, no, or unknown) (11 yes g Yes	ve war or dates of service}		Navy/Air	Force Rec	ords	
be executed within 'pending' in pencil rief Medical Exomine ansit permit. File pogevent within 72 house		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line fo	эт (o), (b), ond (c).)		1 may 12.	arches!	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH—
executed and a second of the s		PART I. DEATH WAS CAU.	DIATE CAUSE (o) <u>LP1</u>	cluial, Si	borachnoi	CI YIN 180	Careoral	5 days -
be executed 'pending' in iref Medical E. nisit permit. Fevent within		Conditions, if any, which gove	DUE TO, OR AS A	A CONSEQUENCE OF	lemorthag.			
d be Che		rise to immediate couse (o)	(b)	A CONSEQUENCE OF	reinoi i rey.	~		
This certificate shauld be executed within 24 trates, writing the word "pending" in pencil in be farworded to the Chief Medical Examiners. I be used as a burial-transit permit. File pages or removal and in any event within 72 hours.		stoting the underlying couse			- from Fal	//		5 days
ote sha g the w ed to th s o burit and in		PART 2 OTHER SIGNIFICANT CO					GIVEN IN PART 1(a)	
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his of the	CERTIFICATION			WAS PERFORMED?				YES 🔀 NO 🗌
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NER: Tertification of should be shou	MEDICAL	CAUSE OF DEATH	- 3 3 PPM .	Jan 10 196		· · · · · · · · · · · · · · · · · · ·	ilifatire elika .	4
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o DEPUTY SICAL E		NAME (Type) John G	. Ball, M.	D.	ADD	RESS(Street, city, tov	vn, or county)	
50 To He	230	BURIAL CREMATION, 23	D DATE	23c NAME OF C	EMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
	- 01	Burial-Rem.	1/17/68		1- 1- C 9 G		Boise City	OKLA.
VR A15ME (5)	24	FUNERAL DIRECTOR 115	Church Fune	ral Homes	11. r. rottefer	REC D BY REG	1 400	
10M REV) 68		102 West Broad	Street, F	alls Chur	ch, Virginia	LINACITAD	8 1968 golis	LOA June



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 70,235 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Manth signed by the attending physicion and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages Lond burial, cremation, ar remaval, and in any event, within 72 haurs affel deat McCov Henry Pau1 January SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years IF UNDER . YEAR IF UNDER 24 HRS last birthday) HOURS Male. White 25 July 1915 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Kentucky WIDOWED [DIVORCED [USA Montgomery 12a. USUAL OCCUPAT ON (Kind of work dane during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR The Clinical Center, NIH INDUSTRY Bethesda Trucking Contractor 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before) 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY YES 🔀 NO 🗌 1808 Culver Road Orlando 14. FATHERS NAME 15 MOTHER'S MAIDEN NAME First Middle First M ddle Last Harlow McCoy Mousie Annie Fraley 17 INFORMANThe Medical Record 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (if yes give war or dates of service) The Clinical Center Bethesda, Md. 20014 Not available 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Fai BETWEEN ONSET AND DEATH 6 days Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF replacement Canditions, if any, which gave) (b) Status postoperative aortic and mitral valve/ 6 days rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause (c) Rheumatic Heart_Disease vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21F. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that **(this hospital) attended the deceased fram Dec. 10 , 1967 , ta Jan. 10 , 1968 , that (iv) (we) last saw the deceased alive on January 10 , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave **(iv) (did) (but inst) view the body after death. 226_SIGNATURE 22c. DATE SIGNED PHYS 10 January 1968 **ATTENDING** MED DIRECTOR DEGREE 22e. ADDRESS The Clinical Center National 22d PRYSICIAN'S MAME (Type) Institutes of Health, Bethesda, Md. 20014 Lynn M. Peterson, M.D. BUR AL, CREMATION, 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) REMOVAL (Specify) 1400 Chafin Storal, Wash DC 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC D BY REGISTRAR Milesviles Juste 30M REV 1/68





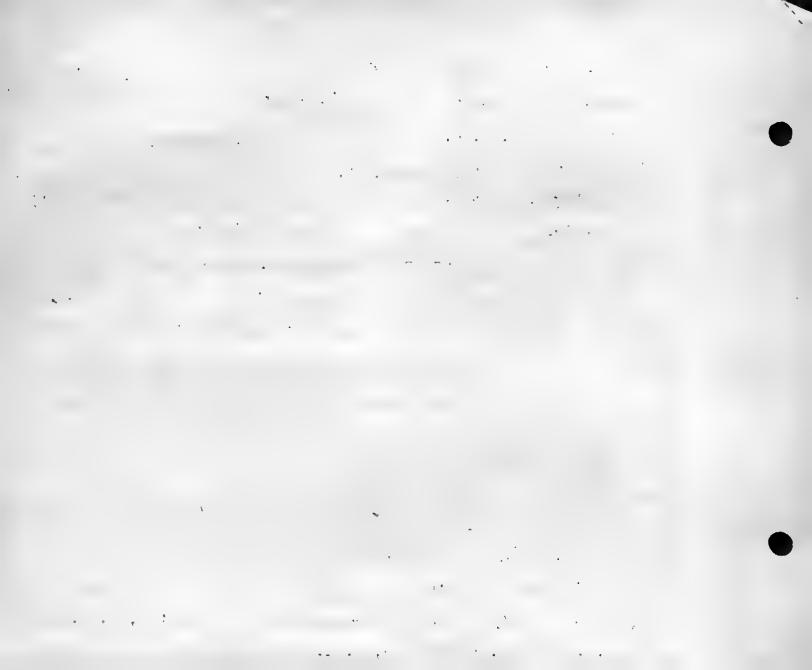
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01234 CERTIFICATE OF DEATH Lost DECEASED NAME First Middle 2g. DATE OF DEATH hin 72 hours after death (Type or print) Month Harry Thomas McDonald January 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F. INDER I YEAR last birthday) DAYS Male White November 23,1933 9. COUNTY OF DEATH To BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED New Jersev Montgomery TISA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
The Clinical during most of working life, even if retired)
Electrical Lineman INDUSTRY burial, crematian, ar removal, and in any event, with remave carban Bethesda Center. NIH Electrical 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before SZTIMIL YTI) BOIZME INT 13e STREET AND NUMBER odmission) SJATE New Jersey 13b. COUNTY YES 😓 NO Phillipsburg 323 Ann Street 14. FATHER'S NAME Middle Eirst Middle Lost 15. MOTHER'S MAIDEN NAME First McDonald Harry Marie Wieghorst 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address Yes na or unknown) (If yes give wor or dates of service) 153-20-3269 The Clinical Center, Bethesda, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia 6 Weeks DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit p Conditions, if any, which gave) Metastatic Choriocarcinoma 1 Year rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept af Health priar to leave the should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be filed with the State Dept af Health priar to leave the leavest should be s 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R F D. No. Stote City or Town County While Not while at work 220. I certify that (t) (this haspital) attended the deceased from November 6, 19 67, to January 24, 19 68, that (1) (we) lost sow the deceased alive on January 24, 19 68, and that in (1904) (our) opinion death occurred on the date and hour and from the couses stated above. (2) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING STAFF DEGREE DIRECTOR 25 January 1968 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN S NAME (Type) Robert A. Ralph. Institutes of Health, Bethesda, Md. MD. 23d LOCATION (City or Tawn) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION 0 Str Phillips St REC'D BY REGISTRAR VR A15 (4) Home 1407 Eastern Ave. 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01235 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20 DATE OF DEATH (Type or print) January Mary Virginia McGarity 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years lost birthday) DAYS MOINTHS Female Dec-13 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [Montgomery
120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired) INDUSTRY Silver Spring 13g USUA, RES DENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN IJe. STREET AND NUMBER odmission) STATE 109 Williamsburg Dr. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Cooke Howard 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, noter unknown) [If yes give war or dutes of service] 579-44-0045B Ralph H. 109 Williamsburg 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: buriol-tronsit permit. Myocardial infarction acut IMMEDIATE CAUSE (o) buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Generalized Aging process PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o, AUTOPSY? CAUSES OF DEATH? NO -YES TEL 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY Į J OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22b. SIGNATURE ATTENDING DIRECTOR director, poge should be filed 22e ADDRESS 22d. PHYSICIAN'S 1429-University Blud. 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION 23b DATE (County) VR A15 (4) Pumphrey Inc. 8434 Ga. Ave. DATEJAN 30M REV, 1/68



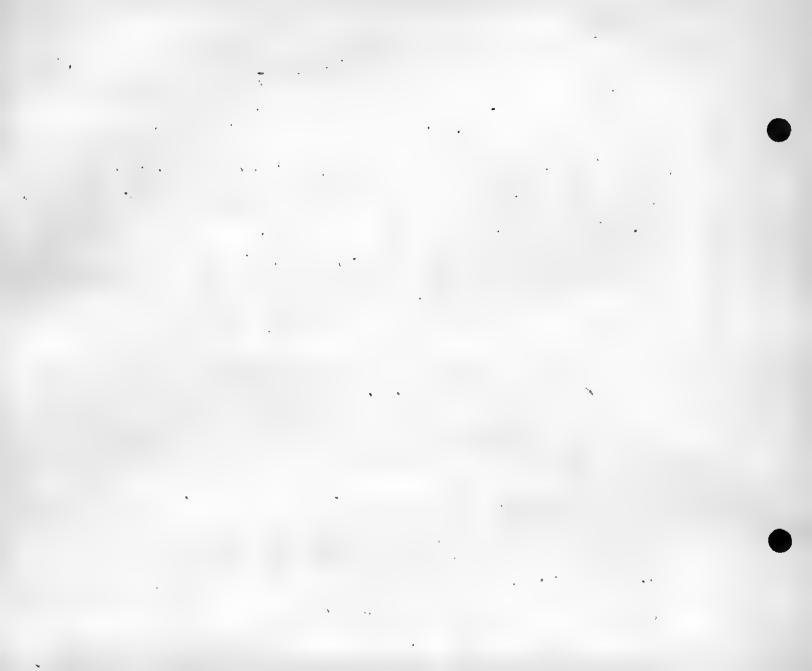
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LANE .	= 7 = -		CEASED NAME First	Middle	AA Last	2a. DAT	E OF DEATH Mapth Day	Year -	HOUR
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£ 3		1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	STITUTION (If not in hospital	12a USUAL OCCUPA	TON (Kind of work dane	12b KIND OF BUSINES INDUSTRY	SOR
<u>*</u>	Ped w ()		Chevy Chase	give street address) 3622 Raymo	nd St.	Housev	king life, even if retired.)		
The law requires that the death certificate be executed within 24 haurs after attending physician.	plet car ent,	13a. odmi	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before		ad Inside CITY LIM TS? 13 YES ₩ NO	e STREET AND NUMBER 3622 Raymon	ad Stman	+
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OR ATTENDING PHYSICIAN:	fred Far		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		KKED (Elligi lidible Of	miloty air rule 1 di Poli 2, ile	10.)	
SSP ¹	t. af	MEDICAL	(If either, natify medical examiner 21d INJURY OCCURRED 21e, Pt	P.M. 1. ACE OF INJURY (AT HOME, FARM, STREET FA		or PED No	City or Town	County	State
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ع في	er the			hospital) attended the deceas	ad from U = /:	19 5 / to	1- 9 19	28, that (1) (4	(ast
=	A S P P P P P P P P P P P P P P P P P P		saw the deceased aliv	/e an(did not) view the	965, and that in (my) (au) apinian dea	th accurred on the dat	and hour and fr	am the
TEN	# # # # # # # # # # # # # # # # # # #		causes stated abave,	(I) (we) (did) (did not) view the	bady after death.				
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ITAI	Po fine		22d. physician's NAME (Type) Thomas	A. Wildman	22e ADDR 203	2-16 th.	Stigat A	1-12/	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.	230.	BURIAL, CREMATION, 236 DA REMOVAL (Specify)		CEMETERY OR CREMATORY	1	CATION (City or Town) shington, D	(County) (Stat	(6)
24	2 "	74E	FUNERAL DIRECTOR	11/68 Rock	<u>CreekCemete</u>	2So. REC'D BY REGISTR			
	VR A15 (4) 30M REV, 1/68	24		Co. Washingt		DATUAN 11	1968 Milian		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.240 CERTIFICATE OF DEATH 01237 The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH · MOUTGOMERY MARYLAND MONTGOMERY lease remave carban papers. Pages A and in any event, within 72 haurs after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) attending physician and campletely filled in by the nermit. Then please remave carban papers. Pages b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RES DENCI ON A FARM? 4312 FRANKFORT DRIVE C2053 YES NO K NAME OF Middle Lost 4. DATE First Year DECEASED (Type or print) ANDREW $T_{\nu}YN$ MENDELSONDEATH January 19 68 IF UNDER I YEAR IF UNDER 24 HRS AGE (in years SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED X lost birthdoy) U, OCT. 30, 196 MALG WHITE WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT COUNTRY? NONE MARYLAND MINOTO 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME būrial-trānsit permit. Then pl burial, crematian, ar remaval, CREED HDRIENNE MENDELSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. NONE MOTHER INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I, DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physicion. signmd by DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stoting the underlying couse priar to (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? State Dept. of Health. NO X certificate Ē 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this hospital) ottended the deceased from 1-10 1968 to / - 11 . 1968 that (1) (we) lost directar, page 3 shauld should be filed with the 19 68, and that death occurred at $T^{24}a_{*}M$, from causes and on the date stated above. 10 saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE 1-11-68 DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN S O FUNERAL NAME (Type) HEL 1040 (LHIVE ESITY BIVD. 23d. LOCATION (City or Town) (Stote) 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION. 23b DATE THEREOF REMOYAL (Specify) King David Memorial Garden Falls Church Va. 256 REGISTRARS SIGNATURE ADDRESS 232 Carroll 250. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 25M 1/67 DATE JAN 1 5 196B Wash., D. C. Hebrew Memorial Funeral Home



_ ,				ND STATE DEPARTMENT				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached for use as the burnol-transhould be filed with the State Dept. of Health priar to buriol, creashould be filed with the State Dept.	21d. INJURY OCC While Not w at work at we	JRRED 21e PLACE OF IN.		ACTORY.) 21f. LOCATION Street or F	R.F.D. Na. Cit	y ar Tawn	County State	-
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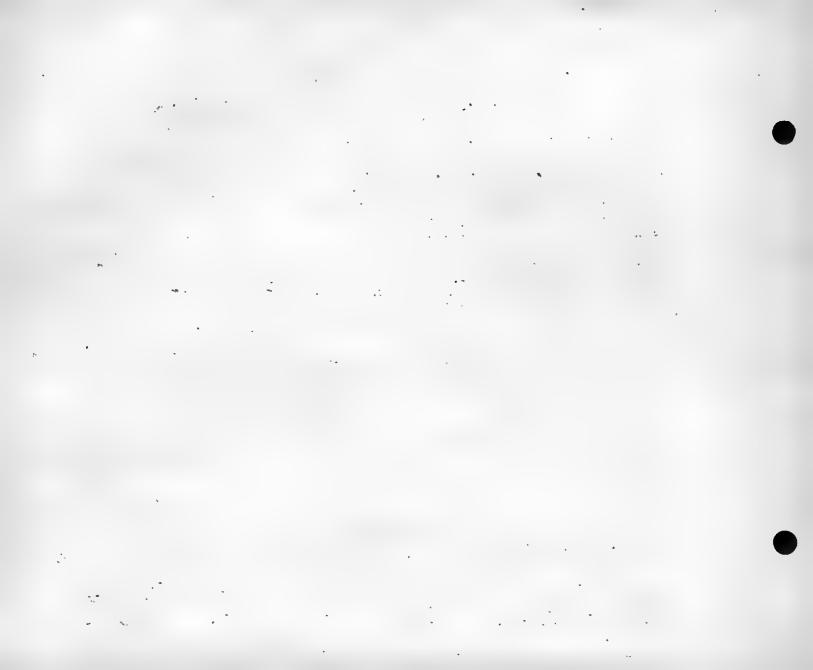


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01240 CERTIFICATE OF DEATH DECEASED NAME Middle First Last 2n DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Dov Year 30 Oxhauah 3 SEX 4 RACE 5 DATE OF BIRTH IF LINDER # HRS 6. AGE (n IF UNDER 1 YEAR the attending physician and campletely filled in by the f sit permit. Then please remave carban papers. Pages lost highdoy) DAYS SHTROM gemale. White 9eb. 15. 1882 lease remave carban papers. Pagand in any event, within 72 haurs 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED TI NEVER MARRIED Montgomery WIDOWED FC DIVORCED F 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 32g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR gave street.address) Dwn Home during most of working (fe, even if retired) Fairland Nurs Housewite 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CTY OR TOWN 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTMONTGOMERY Silver Springs & 2512 Kimberly Street NO T 14. FATHER'S NAME First Middle Inst IS. MOTHER'S MAIDEN NAME First Middle Bowman John Mary Orbanah 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) (If yes give war or dates of service) ar remayal, 225-01-4816-0 Leona Miller 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21o ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2ic. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town State County While Not while at work causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS Page 4 may 22d. PHYSICIAN'S director, po should be f 10 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b, DATE 23d. LOCATION (City or Town (State) (County) Woodbine Cemetery Harrisonbura. 2So REC'D BY REGISTRAR 2Sb VR A15 (4) DATE JAN 30M REV 1/68 Pumphaeu

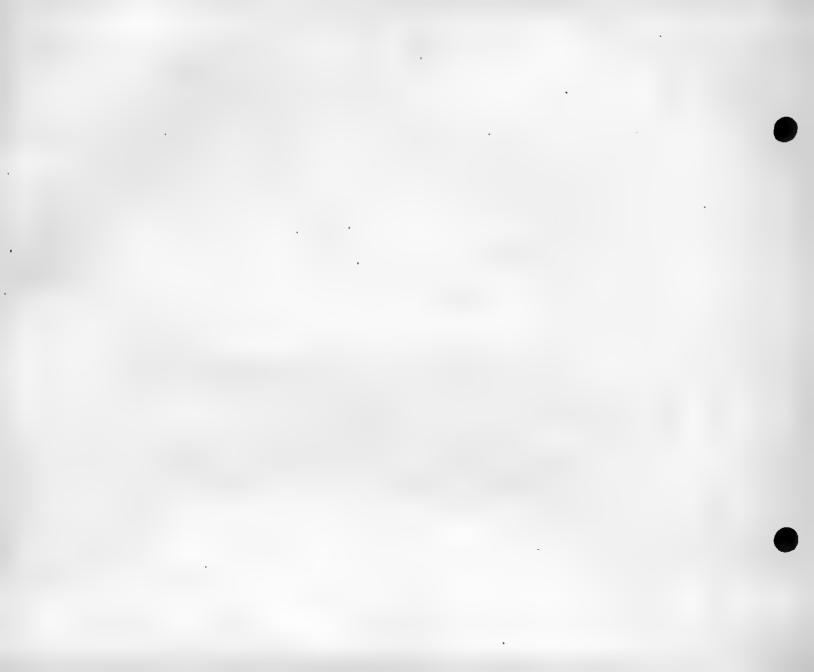
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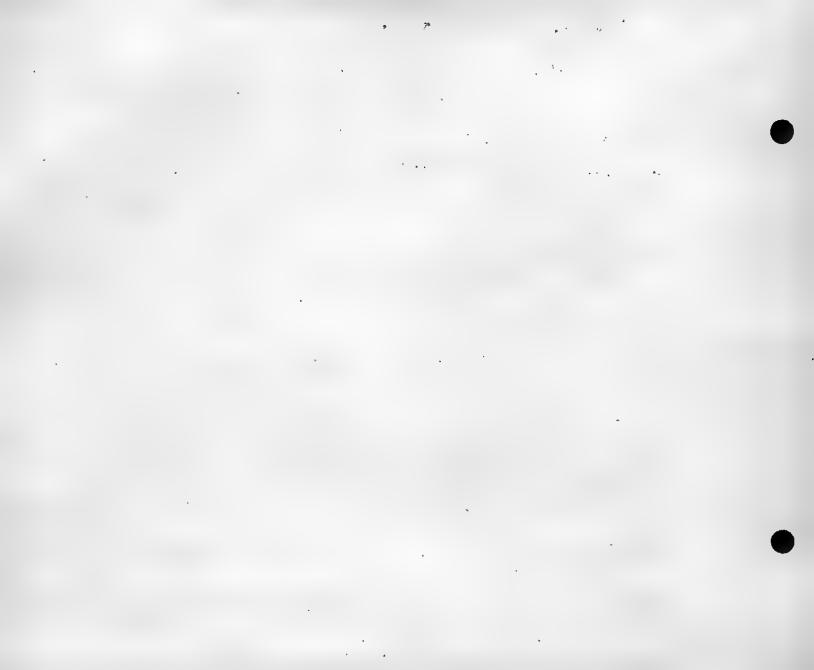
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01241 Item 4 Film G397 1/26/68 kk CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or pnnt) Month 6 AGE (In years IF UNDER I YEAR 3. SEX RACE S. DATÉ OF BIRTH LE JNDER 24 HRS ast birthday) DAYS HOURS Vermask, White YRS. 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED hou country) WIDOWED F DIVORCED [gomer requires that the death certificate be executed within 24 Filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of Work done AZE. KIND OF BUSINESS OR give street address A 1 thes Woodland N. Adving most of working life, even if retired) INDUSTRY and completely, 1000 Dela Housewife event, 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased leved, if institut an: Residence before 133c CITY OR TOWN 38 INSIDE CITY LIMITS? remove cor 13b. COUNTY admission) STATE buriol, cremotion, or remov∎l, and in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Mrddle Last ONKNOWN 16b SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no for unknown) grecords. 18. CAUSE OF DEATH (Enter only one cause per ling-for)(a), (b), and (c)) BETWLEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY ONGESTIVE IMMEDIATE CAUSE (a) C PROTERIUS CLEROTRE HA DISCORE signed by the burial-tronsit Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause GRAGA, OSCLAREIS 160 YRS NSRAL 1863 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the sh≡uld be fil≡d with the State Dept. of Heofth prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES | NO P 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from APP 122 , 195 /, to 1116 _19 L, and that in (my) (our) apinion death occurred on the date and hour ond from the sow the deceased alive on.... Poge 4 may be retoined causes stated obove, (1) (we) (did) (did not) view the body after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230. BURIAL, CREMATION 23b, DATE REMOVAL (Specify) 7 **FUNERAL DIRECTOR** VR A15 (4) 30M REV 1/68



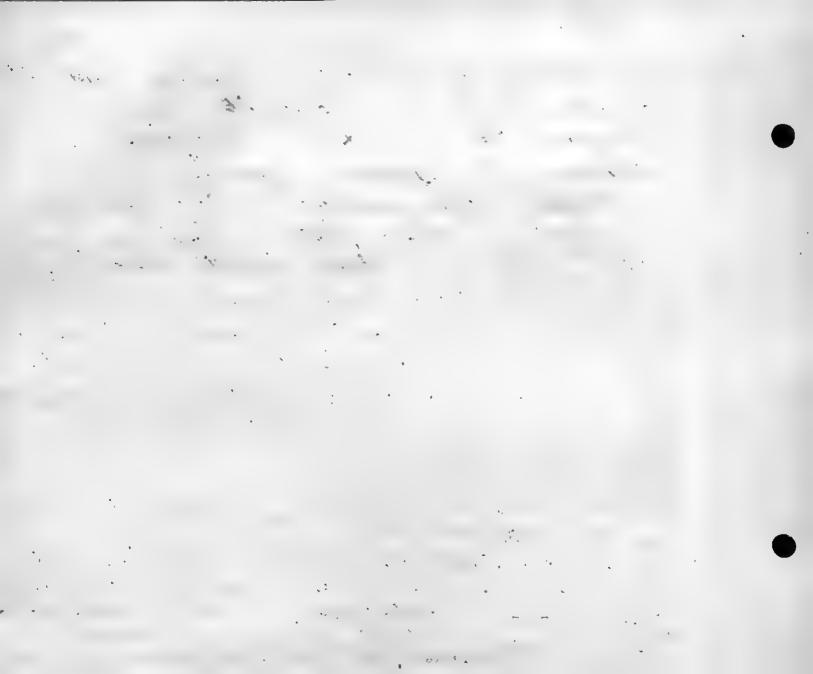
- ITA	Εt	5-88 ams Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		9.245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01242
HEALTH DEPT.	I D	DECEASED NAME First Middle Last Type or Print) OF ESTI The Control of the Contr	Day Year 2b HOUR
5 2 8 3		DEATH MATED SON	
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_ C 77	70	BIRTHPLACE (State or foreign 76, CITIZEN OF WHAT COUNTRY? 18 MARRIED NEVER MARR FD 79, COUNTY OF DEATH-	1963 12pm
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I hours them 18 Office of offer d	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
24 Lin Hin Hin His G		-ouis A. Belsky Bessie E Kassler	
s certificate should be executed within 24 hours ofter death e, writing the word "pending" in pencil in Item 18. Give Pog forwarded to the Chief Medical Examiner's Office along with tused as a bunal transit permit File pages land 2 with the Staemoval, and in any event within 72 hours ofter death		WAS DECEASED EVER IN U. S. ARMED FORCES? / 16b. SOCIA. SECURITY NO. 17 INFORMANT ROBERT BELL (Bro.) Santa ANA C.	mingside Ave. Alif. 92703
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ord big		rise to immediate cause (a), (b) OVERDOSE OF DUE TO, OR AS A CONSEQUENCE OF	
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INER: should should files. 3 should ration, o	MEDICAL	(ALSE OF DEATH ? P.M. Jan 20 19 68 Took overdose of drugs 21d INIURY OCCURRED 21e PLACE OF NURS (At home, form, street 21f LOCATION Street or R.F.D. No. (try or Town	Caunty State
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111 = 2/ - 4		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔼 Inquiry 🔀	, and in my apinian
oleose exect director. Pe etained for DIRECTOR:		death resulted fram. Natural causes 🔲 , Accident 🔲 , Suicide 💢 , Hamicide 🔲 , Undetermined manner	
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RAIL PUT		DEPUTY MEDICAL EXAMINER PO 2 2	Jan 6 8.
necessory, p the funerol of S moy be re to FUNERAL I Heolth prior		NAME (Type) JOHN G. BALL ADDRESS(Street, city town, or county)	
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1	24	FUNERA DIRECTOR, FUNERA DIRECTOR, ADDRESS 250 REC BY REG STRAR JOB REGISTRARS	GNATURE 7
VR A15ME (5)	8	Bernard Danzansky & SSNS D.C. 2000 DATE JAN 29 1998	200



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•		02427		CERTIFICATE OF DEATH		01243
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ND ed to the S		saw the deceased o	alive on	and that in (my) (aur) opin	ion deoth occurred on the d	ote ond hour ond from the
To T		22b Signar AE	e, (1) (we) (ala not) view the	bady offer death.	22,	DATE SIGNED
REC 3 s d wij	Ι,	11/1/1/1/1/20	2 Jonkin	DEGREE PHYS ME	D STAFF /	-19-68
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Page 4 may be retained by the hospital or attending physician. Constructed physician or attending physician. Constructed physician on the completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers, Pageshould be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours.	23a	BURIAL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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		MARTLAND STATE DEPARTMENT OF HEALTH	
·	ŀ	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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ING by ti fter be d State		22a. I certify that (I) (this haspital) attended the deceased from TAN 8, 19 68, to JAN 14, 19 68 saw the deceased alive an JAN 14, 19 68, and that in (my) (our) apinian death accurred an the date are	_, that (I) (yee) last
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VR A15 (4)	24.	Robert A Pumphrey 7557 Wisconsin Ave 25 AND 1861STR 1968 2567 AND 1861STRAN 1968	Bidge .
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1+-2"	ı	11243 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7	L	CERTIFICATE OF DEATH	0285R
eath. ral nd 2 eath.		CEASED-NAME First Middle Last 20. DATE OF DEATH ype ar print)	2b. HOUR
deat and deat	_	MADELINE H. MURRAY 30	68 3-1
重星	3. SI	S DATE OF BIRTH 6 AGE (In years 15th lost birthday) MONT	NDER 1 YEAR & UNDER 24 HRS. THIS DAYS HOURS MIN.
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requires that the death certificate be executed g physician. n signed by the attending physician and comple e burial-transit permit. Then please remove ca a burial, crematian, ar removal, and in any event		18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).)	APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
ne death cer attending p permit. The		PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Respiration	1 day
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IAN: 1 of ar ficate far us Healt		216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item FOR CONTRIBUTING CAUSE OF DEATH HOUR A M. Manth Day Year	18.)
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dund dund	230	BURIAL CREMATION, 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) 🗻 (Stote)
5 5 P F		BOWNER 1-31-1968 CALVARY COMCTERY EVANSTON	166
VR A15 [4]	24	FUNERAL DIRECTOR ADDRESS . WAS A REGISTRAR 25b. REGISTRAR'S SIGN.	ATURE
30M REV. 1/68		WW CUMMENS 6 1400 Chappy W. DATE FEB I 3 10 13	44



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ก1246 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR signed by the attending physician and campletely filled in by the fuseful burial-transit permit. Then please remave carban papers. Pages I and 5 burial, crematian, or remaval, and in any event, within 72 hours after death (Type or print) Month 27 Day 68 Year JAN J ATILOA MURRAY 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. after 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS WHITE 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 haur 8. MARRIED TO NEVER MARRIED country) WIDOWED [DIVORCED [MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street oddress) during most of working life; even of cetired.) SILVER SPRING 130. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) STATE 13d INSIDE CITY LIMITS? I3e. STREET AND NUMBER NO T Middle 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First TAME 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 186. ŠOCIAL SECURITY NO INFORMANI Address Yes, no or orknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) you rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🕝 YES [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while to work ot work L 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 2/2 19/6, an 1)cd : 10 19 6/. to saw the deceased alive an Jan. _19 (C), and that in (my) (our)-opinian death accurred an the date and have and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23L. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL, CREMATION, WHEATEN 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) ST 2 DATE JAN 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01247 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) ician and campletely filled in by the funera lease remove carban papers. Pages and and in any event, within 72 haurs after dea 3. SEX 4. RACE 6. AGE (In years F JINDER I YEAR IF UNDER 24 HRS last birthday) MONTHS. HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY treed Lawyer 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JMITS? 13e. STREET AND NUMBER 13b COUNTY MON YES 🔽 14. FATHER'S NAME Middle First S. MOTHER'S MAIDEN NAME First Last Neacey physician 160. WAS DECEASED EVER IN U.S. ARMED FORCESZULUT 166 SOCIAL SECURITY NO. 17. INFORMANT Addressione Yes, no. or unknown) Neaceu attending physical burial, cremation, ar remaval, Gentrude Chase. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MLLIN IMMEDIATE CAUSE (a) RUUU signed by the burial-transit p Conditions, if any, which gove) BULLLANTHIA rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s prior to k as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES ___ director, page 3 should be detached for use should be filed with the State Dept. of Health FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 21g ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 7/10 19 67 , to. 1/20 1968, and that in (my) (our) opinion death accurred an the date and hour and fram the saw the deceased alive on-3 should couses stated above, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Wincaren Connor Thomas O 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE (County) (State) REMOVAL (Specify) 1968 REGISTRAR Fort Lincoln Cemetery Prince George 8434DDRFSOncia Ave. 2So. REC'D BY REGISTRAR VR A15 (4) DATE JAN 30M REV. 1/68 lver Spring.



/]	1	MARYLAND STATE DEPARTMENT OF HEALTH 3:259 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE		01207	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH	01248				
HEALTH OFPT	l.	DECEASED-NAME Fr (Type or Print)			20 DATE KNOWN MOI OF ESTI- DEATH MATED J	nth Day Year 25 HOU				
oma Po		SEX 4 RACE	S DATE OF BIRTH 7/31/1992	6 AGE n years F UNDER YEAR Host birthday) MONTHS DAYS	HOURS MIN. Dgy	Year 1968 11 30				
form form	COL	BIRTHPLACE (State or foreign intry)	76 CITIZEN OF WHAT COUNTRY?		RCED ! ! nont-one my	A				
	3	CITY OR TOWN OF DEATH	give street oddress)	LOR INSTITUTION (If not in haspital and Normaling Tome	during most of working life, even if retire					
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24 haurs in Item 1 is Office ss Tand2 rs after o	1	FATHER'S NAME First James		uton 15. MOTHER'S MAID	DEN NAME First Middle Charlotte	Gunther				
within 24 n penal in Examiner's File pages		WAS DECEASED EVER IN U.S. ARMEE (Yes, na, ar unknown) (Hyesgn	FORCES? In wor or dates of service) LLL / 3 - 1.6		it K. Me. or Silver	nt Acres Dr. princ. Ma.				
should be executed in a ward "pending" in a the Chief Medical Exburial-transit permit. Fill in any event within		PART I DEATH WAS CAUS IMMED Conditions, if any, which gove rise to immediate cause (a), staling the underlying couse	DUE TO, OR AS A CONSEQUE	Coronar insclerati	y Insuffice Heart De	APPROX MAIE MISRVA, BETWEEN ONSET AND DEATH				
ate g th ed 1	<u>ب</u> ج	PART 2 OTHER SIGNIFICANT CON	(c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	UT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART 1(0)					
N 0 - m 0	RT.F CATIC	190. DATE OF OPERATION	WAS PERF			20. AUTOPSY?				
EXAMINER: This to the certificate the certificate age 4 shauld be your files. Page 3 should be greaten, at remation, at ref.	MEDICAL CE		21b. TIME OF NJURY Month, D HOUR A.M. P.M. PLACE OF IN.JRY (At home, form, sadary, office building, etc.)	19	CURRED (Enter nature of injury in Port 1 or Port or RFD No. City or Town	2, Item 18) County State				
please exected in director Pretained for to burial for the formula f		22a certify that 1	took charge of the remains do	ean MD ASSIS	Homicide, Undetermined many					
TO DEPUTY necessary, p the funeral is may be re TO FUNERAL Health prio	23	a BURIAL, CREMATION, REMOVAL (Specify)		ME OF COMERCEY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)				
VR A15ME (5)	24	" prantsiated !	Sound Sterness .	ADDRESS .	Cometary Knoxville 250 RECD BY REGISTRAR 256 REGISTRA DATJAN 8 1968 COL					







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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01252 DECEASED NAME M+ddle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after deoth ath Month 5 (Type or print) JULIAN MEADE OSBORNE Doy 1968 a JAN 850P W 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS MALE CAUC last highday) HOURS 20 JULY 1918 signed by the ottending physician and completely filled in by buriol-transit permit. Then please remove carbon papers R 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED 9 COUNTY OF DEATH country) VA USA MONTGOMERY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH BETHESDA 1! NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give stree NAVAL HOSPITAL INDUSTRY during most of working life, even if retired) burial, crematian, or removal, and in ony event, wit USAF 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b, COUNTY NO [1707 OAK LANE MCLEAN 14. FATHER'S NAME First Last IS MOTHER'S MAIDEN NAME First Middle JULIAN PLESANTS OSBORNE ELTZABETH IRVING 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yest (Ocor unknown) [](0465 mb@8 seure) 218 05 4899 MARGARET M. OSBORNE 1707 OAK LANE MCLEAN. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MYOCARDIAL INFARCTION, ACUTE 56 DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospital or attending physicion PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to T 2111 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🖂 YES 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram. 10 110V , 1967. to 5 JAN 19 68 saw the deceased alive an 5 JAN 1968 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (wy) (did) (did not) view the bady after death. 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR MD DEGREE 000 NAVAL HOSPITAL, BETHESDA, MD. PHYSICIAN'S LT MC USN NAME (Type) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION ARLINGTON, "ARLINGTON, ARLINGTON NATIONAL 24 FUNERAL DIRECTOR VR A15 (4) FALLS CHURCH FUNERAL HOME, FALLS CHURCH, VA. 30M REV 1/68



, .	1	MARILAND STATE DEFARIMENT OF REALIT	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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PHYSICIAN: The law requires that the death certificate be executed within the hospital ar attending physician. his certificate has bee signed by the attending physician and campletely fill stacked far use as the burial-transit permit. Then please remave carban be dept. af Health priar to burial, crematian, ar removal, and in any event, within	14	FATHER'S NAME First Middle tost IS. MOTHER'S MAIDEN NAME First Middle	lost lost
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ase ase	360	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address	04 ./
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PH Fig. 19	L	While Not while at work at work	
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SPIT 4 m d be		NAME (Type) MANUM WAVECK 8218 Wise, Av, Bet	MIMA.
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5 5 5 E	1	BEMOVAL Specify Jan 15, 1968 Lincoln Park Emeters Ruckville Mon	ta Mil
VR A15 (4)	24.	ADDRESS 250 REC'D TY REGISTRAR 256. REGISTRAR'S SIGNATURE	*/
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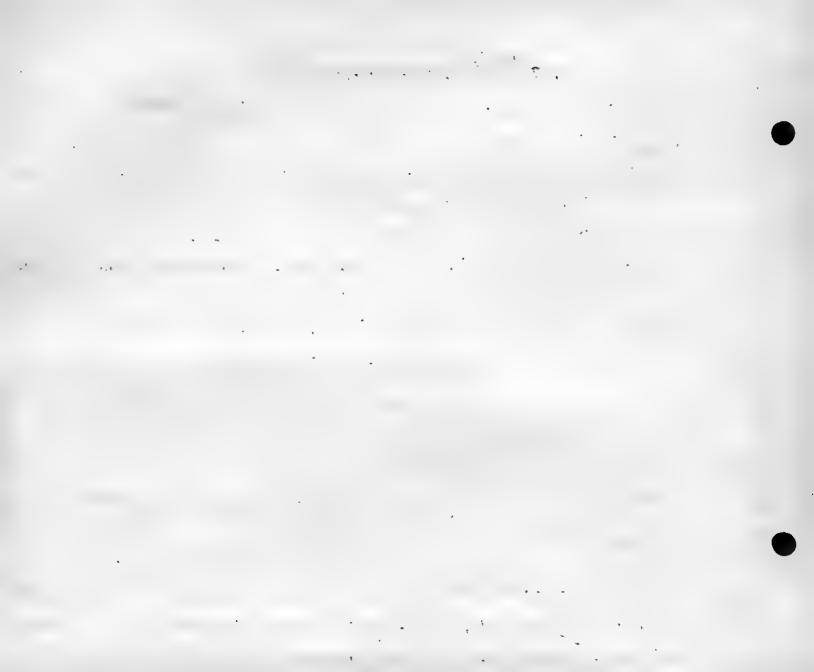
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01254 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED NAME Eirst 20 DATE KNOWN (Type or Print) OF EST -Bonney Page Bessle. DEATH MATED 6. AGE (in years 3 SEX F , NDER 1 YEAR IE LINDER 24 HRS 2d HOUR 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country)Indiana WIDOWED K DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR NST FUTION (If not in haspito 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
HOMOMAKOI INDUSTRY Kensington. 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before)/3c CITY OR TOWN admission) STATE Washi 1920/06/10 D C 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Washington. D. 1801 Park Rd. N. W. YES KNO 14 FATHER S NAME Middle 15. MOTHER'S MAJDEN NAME Keffer Byron W. Bonney Emma 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) 577-60-801 T Mr. Ralph Keffer 12 Four Mile Rd.
W. Hartford, Conn. | APPROXIMATE INTERNAL
W. Hartford, Conn. | APPROXIMATE INTERNAL within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY PREUMONIZ-IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave 3 rse to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Carolio Varrulas Disease. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [NO 🔯 2 a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING NOV 11 1967 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At hame, farm, street, 21d INJURY OCCURRED County foctory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry 🕅 and in my apinian death resulted from Natural causes , Academ X. Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED SIGNATURE DEPUTY MED CAL EXAMINER JOD. 18, 1968: **EXAMINER'S** 5 moy 70 FUNE Health John G. Ball NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) REMOVA. (Specify) 1/18/68 Ft. Lincoln Crematory Prince Georges Co. Md. on 24. FUNERAL D RECTOR The Caddress Washington, DC 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE S. H. Hines ¥R A15ME (5) 10M REV 1/68

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	l .	22d PHYSICIAN'S	tephones !)) DEGREE	PHYS LLD 22e. ADDRESS	DIRECTOR L	PHYS.	Jan.	1465.	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and campletely filled directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carball papels shauld be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and in any went, within 72	230	BURIAL, CREMATION, 23b :		CEMETERY OR CRE		_	N (City or Town)	(County)	(State)	
5-5 W		Burral Van	18, 1968 Gate	of Heave	n Ceneter	y Silve		Mont.	Md.	
VR A15 (4) 30M REV 3768	C.	EUNIFRAT DIRECTOR Glen (arter 8434 G	eorgia A	rente	BY REGISTRAR	256 REGISTRAR'S	ignature	ecolicita	
30M REV 1/68	Ľ	Warner E. Punk	phrey, Inc. Silver	Spring.	Md DATE	JAN 22	1968 700	700	0	





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decased fived, if institution, Residence before edmission) = COUNTY MARYLAND non 1 b. CITY OR TOWN (if outside corporeta fimits, OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give nearest town ION NSING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street addrass) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middla 4. DATE OF within (Type or print) DEATH 19 carbon 5. SEX IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR 17. MARRIED NEVER MARRIED and last birthday) physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratirad) HOUSE please 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava rise to immadieta cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I) or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Not While factory, streat, office bldg., atc.) While Hour a.m. at work et work p.m. to 1-3/ 19 (et, that (1) (we) las 3/ 19.66 and that death occurred at 22M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. FUNERA 27c. PHYSIC, AN'S 22d. ADDRESS director, be filed v NAME (Type) 238, BURIAL, CREMATION, | 23b. DATE CEMETERY OR CREMATORY REAPOVAL (Spacify) REGISTRAND COD. REGISTRAN'S SIGNATURE AND **ADDRESS** GERGIA HUE N.W. VR A15 (4) 20M S-63

DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01255 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) TTilbur requires that the death certificate be executed within 24 hours after death Parslev Owen 7:00PM January signed by the attending physicion and completely filled in by the funburiol-transit permit. Then please remove corbon papers. Pages principle, cremation, or removal, and in any event, within 72 hours affected 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX S DATE OF BIRTH 6. AGE (In years last birthday) DAYS HOURS Aug. 5,1892 MONTHS White Male 7e BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA Montgome ry WIDOWED | DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR green address Hills Nursin Hordung most of working the even if retired.) INDUSTRY Silver Spring 13a. USJAŁ RESIDENCE (Where deceased lived of institution. Residence before admission) STATE Md. 13b COUNTY Montgomery Silver Springes 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE MId NO P 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Last Christina Mullican Otho Parsley 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes na or unknown) (If yes give wor or dates of service) Nellie W. Parsley-same item # 13 --wi 220-44-0873T 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pronchopneumonia BETWEEN ONSET AND GEATH 3 days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tranglould be filed with the State Dept. of Health prior to burial, crea DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e, PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1966//20689 saw the deceased alive an 1/10/68 19 and that in (my) (309 as _, ta<u>1/10/68</u>_, 19 , and that in (my) (809) apinian death accurred an the date and have and fram the causes stated abave, (1) (302) (did (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR \times 1/11/68 DEGREE 22d. PHYSICIAN S NAME (Type) Henry Scruggs Cedar Lane, Bethesda, Md. 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Rockville Montgomery (State) 1/13/68 Rockville Cemetery BREMOVAL (Specify) Rockville, Md. DATE JAN 16 24 FUNERAL DIRECTOR
Tyson wheeler Funeral Home 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



/ 1	Item 18 film 397 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1259
LHEALTH DEPT	MEDICAL LAAMINEN J CENTITICATE OF DEATH
	(Type or rivit) 1/= 24/24/
. ma 2 1€ V	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
e a president	MALE WHITE 10-23-19 1/8 YRS MONTHS CAYS HOURS MITH. Month / DOY / 4 Year 19 68 10 5M
2, 2, P	70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
es 1 farm te D	COUNTRY Missouri U.S.A. WIDOWED DIVORCED MONTGOMERY MA
after death 3. Give Pag arong with with the Sta	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done) 126 KIND OF BUSINESS OR
er de ive mg w	O'L'EL OPRING 12000 1003HEG LIC, Mechanic
s certificate shauld be executed within 24 hours after death any, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, confirmanded to the Chief Medical Examiner's Office along with farm. Phused as a burial-transit permit. File pages I and 2 with the State Departemental, and in any event within 72 hours after death	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13a INSDECTIF LIMITS? 13b COUNTY 13b COUNTY 13c CITY OR TOWN 13a INSDECTIF LIMITS? 13c STREET AND NUMBER 125 S. S. YES NO 125 BUSNESS. De
hours Item 18 Office of	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last
24 h	Arthur Parsons Dolly Mar Rosencrans
nal in marks pages haurs	16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wer or dates of service)
d within in pencil Examine File pag	yes WW11 500 16 5839 Louise L. Parsons-wife- same item #13
suld be executed within vord "pending" in pencil is Chief Medical Examine al-transit permit. File pagany event within 72 hau	18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b) ond (c)) PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY
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ef Nen	Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) Coronary Artery Heart Disease
A Paragraph S	rise to immediate couse (a), (b) OCT OTTERTY AT COLD THE TOTAL STATE OF STA
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his certificate ate, writing the farwarded to be used as a k remayal, and	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 210. TIME OF Noury Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of unury in Port 1 or Port 2, Item 18)
be be	YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of journy in Port 1 or Port 2, Item 18.)
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INER Ine cer shau files 3 sho	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No City or Town County State
EXAMINER: cute the certr age 4 shauld r yaur files Page 3 shoul	WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK
	220 certify that I took charge of the remains described obove, held an Autapsy Inspection Inquiry and in my apinton
ctor.	death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner
please e l'airector retained DIRECT	ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR OF THE STANTON
ssary, ple funeral d ay be ret in Prior	SIGNATURE MD. ASS STANT MEDICAL EXAMINER (220 DATE STONED
O DEPUTY SICAL By necessary, please exect the functor. Po 5 may be retained far O FUNERAL DIRECTOR: Health priar to burial.	EXAMINER'S RELDEN R. READ M.D OPPLY MY OF COUNTY DEPLOYED BY TOP STORY OF THE STORY
TO DEP necessor the fur 5 may 10 FUNE Health	230 BUR AL CREMATION, 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
n f	Burial 1/18/68 Baltimore National Baltimore Balt. Md.
VR A15ME ,5]	Tyson Wheeler Funeral Home 1331 Rockville Pitten 18 1968 Charles Sugarture
* REV 1/68	Tyson Wheeler Funeral Home 1331 Rockville Pillan 18 1968 Charles Judge



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT 1 DECEASED-NAME First Middle 2a. DATE KNOWN K Month (Type or Print) ESTI-Jan. 3:15 Poge 1968 DEATH MATED Dorothy Pairce Beaci 4. RACE AGE (n years IF LINDER 24 HRS 2c DATE PRONOLNCED DEAD 3. SEX 5 DATE OF BIRTH 2d. hOUR pup P.M.3. birthday) HOURS 4:30p Month Jan. Day 24 Year 68 Female White 5/25/91 7a BIRTHPLACE (State or foreign 75 CT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Conn. U.S.A. WIDOWED [DIVORCED [Montgomerv 12a USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in baspital 126 KIND OF BUSINESS OR ¥. Chiswick Court during most of working life, even if retired)
housewbite INDUSTRY Silver Spring Give Own Home alona with 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY , M TSP 13e STREET AND NUMBER 13b COUNTY Montgomery odm ssion) STATEMaryland Silver SpringES No k 3378 Chiswick Court and 2 after IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middie £ast Middle Last Dorothexx Jenny Isaac Eaton Beach Davis bages hours pencil 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, ng, ar unknawn) 578-62-4954 taken from records, Montgomery General Hospital unknown File APPROX MATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one cause per use for (a), (b), and (c)) be executed permit. BETWEEN ONSET AND DEATH Medicol PART . DEATH WAS CAUSED BY pending" TAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cand tians, if any, which dave rse ta mmed ate cause (a). should writing the ward PONSEQUENCE OF stating the underlying cause .⊑ 2 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 prwarded removol, nseq 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES [pe 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should HOUR A.M PRIMARY TOR CONTRIBUTING ¥ cremotian, CAUSE OF DEATH PM 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apin an death resulted from Natural causes Recident 2 Suicide reto ned Hamicide Undetermined manner pleose CHIEF MEDICAL EXAMINER **ACTUAL** moy be re FUNERAL I 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE **EXAMINER'S** 5 moy ro FUNE Health dwp or county) NAME (Type) Beldon R. Reap. M.D. the 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Spec fy) Pincoln Crematory enation 256 REGISTRAR S SIGNATURE VR ATSME (5) Silver Spring TOM REV 3768

MARYLAND STATE DEPARTMENT OF HEALTH

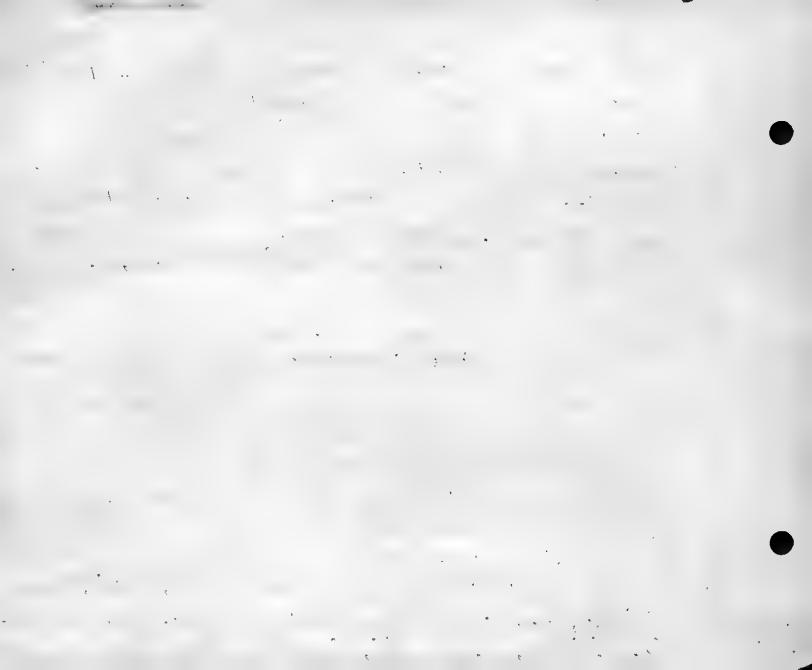


and place I I	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	LUEM 5 FILM G39/ L/APPACANKEYARANIENIC CONTINUES OF BEAUTI	
FOR STATE	A	DECEASED-NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH O 1262 DECEASED-NAME OF DEATH O	
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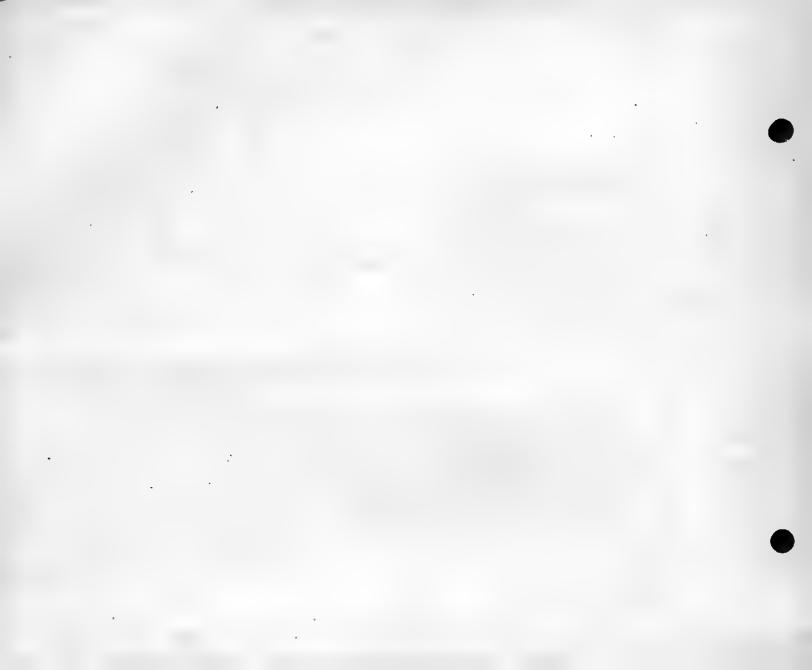


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01264 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 26 HOUR feral and 2 death. death. (Type or print) Month Vinny Wayne Poole 1968 January S. DATE OF BIRTH 3 SEX 4. RACE IF UNDER 24 HRS 6. AGE (In years IE LINDER I YEAR affe lost birthdoy) SHTWOM DAYS HOURS the White 23December 1966 Male crematian, ar removal, and in any event, within 72 haurs law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign ⁸ Married 🗀 Never Married 🔀 country South Carolina the attending physician and campletely filled in sit permit. Then please remove carban papers. USA WIDOWED | DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY The (linical during most of working life, even if retired) Center Betherda none 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 138 STREET AND NUMBER 13b. COUNTY Salley Route 1 Box 1768 14. FATHER'S NAME Lost 15 MOTHER'S MAIDEN NAME First Middle Smith Bobby Poole 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Clinical Center Bethesda, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Septicemic BETWEEN ORSET AND DEATH signed by the attendir burial-transit permit. Senticenia days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Pneumonitis/ Staph, Aureus) nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Congenital Heart Disease PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗌 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year 2 d INJURY OCCURRED 218. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 285ept., 1968, to 2 Jan., 1968, that (4) (we) last sow the deceased alive on 2 January 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did) (did) view the body ofter death. 22b, SIGNATURE 22c DATE SIGNED DEGREE 220 ADDRESS The 22d. PHYSICIAN'S James C.A. Fuchs, MD NAME (Type) Institutes of Bethesda Maryland Health 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (County) (Stote) Clinton Methodist Ch Wagener, Aiken. South Car L Dan 5, 1968 4. FUNERLAND CONTRACTOR COLOR CONTRACTOR ADDRESS CAL ALVE. 25o. REC'D BY REGISTRAR VR A15 (4) Warner E. Pumphrey. Inc. Silver Spring. Md 30M REV 1/68



11-		MAKYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1265
FOR STATE	-	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
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		Yes, no or unknown) (11 yes give wor or dates of service) 577-12-9368 Wife- Elizabeth Preston-	
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(AMINER: The the certificate 4 should by rour files age 3 should by cremation, or	MEDICA,	CAUSE OF DEATH 1015 - 1015 - 101 - 1	- Nevolver
	₹	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white not white not white not white the foctory, office building, etc.)	County Stote
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ICAL E executar Pared for CTOR:		22a. I certify that I taak charge of the remains described obove, held an Autopsy 🔲, Inspection 📈, Inquiry 🔀	and in my opinion
Se e ctar ctar ctar ctar ctar ctar ctar ctar		death resulted fram Notural causes 🔲 , Accident 🔝 Suicide 🔀 , Homicide 🔲 , Undetermined manner	
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necessory, please ethe funeral director 5 may be retained O FuneRAL DIRECT	22.	NAME (Type) ADDRESS(Street city town or county) BUR AL (REMAT ON. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	15 13 15 15
5 0,5 -	230	REMOVAL (Specify)	(County) (State)
	24	Burial 1-10-1968 Arlington Nat'l. Cemetery Arlington, Va. FUNERA DIRECTOR FUNERA DIRECTOR FLANDRESS AND W 250 REC BY REG STRAR 250 REGISTRAR 5	S GMATURES
VR A15ME [5]		FUNERAL DIRECTOR JOSeph Gawler's pois, Inc. 5136 DDRESS CAVE.N.W. DATE JAN 15 1968	rees judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01270 CERTIFICATE OF DEATH 0126624 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o. COUNTY b. COUNTY Montgome ry Montgomery Maryl and MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

Dawsonville c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 years Dawsonville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM Sugarland Road Sugarland Road YES IK NO The law requires that the deoth certificate be executed within 3 NAME OF Middle First DATE Month Year DECEASED (Type or pont) Jan. 19 68 ROBERT crematian, or removal, and in ony event. PRIEST Sr. COL DEATH 6. COLOR OR RACE DATE OF BIRTH LE UNDER I YEAR 7 MARRIED NEVER MARRIED 9 AGE (In veors IF UNDER 24 HRS lost birthdov) Dec. 21,1917 Malc White WIDOWED DIVORCED 50 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Landscape Contractor Penna. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Pe rcy Priest Josephine Shaw 15 WAS DECEASED EVER IN U.S. ARMED FORCES? wife 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Same as Item 2. Ruth Priest 75-01-9633 Yes. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signad by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar ottending physician. DUE TO 1964 Conditions, if ony, which gave 3 rise to immediate cause (a). DUE TO stating the underlying cause etoched for use os the Dept. of Health priar to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO X INTERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work L of work 21. I certify that (I) (this hespital) attended the deceased from July. 1952, to Drew ____, that (f) (we) last and that death accurred at M. from causes and an the date stated above. saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED 1-1-68 DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYS CIAN'S 10400 Conn. Ave. director, po should be f EME (Type) GEORGE SHARPE Kensington, Maryland 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (State) REMOVAL (Specify) Darnestown, Maryland 1-4-68 Darnestown Cemetery 2 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATU 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE JAN A. PUMPHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01267 Erst Middle DECEASED-NAME 2g. DATE OF DEATH 2b HOUR after deoth (Type or print) William Harrison 68 PROVANCE January 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF JINDER 24 HRS lost b'thday) MONTHS DAYS HOURS Male Caucasian 28 MAY 195 YRS as the burial-transit permit. Then please remove carbon pabers. Pay prior to burial, cremotion, or removal, and in any event, within 72 madis 24 hours 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 8. MARRIED A NEVER MARRIED rountry)Pennsylvania United States WIDOWED | DIVORCED | Montgomery completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital. 12g USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired.) INDUSTRY physician and completely fee please remove carbon Bethesda 30. JSJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Marvland 13b COUNTY Montgomery YES 🔽 NO 7525 Spring Lake Drive Bethesda 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle lost Thomas Paul PROVANCE Mary Dirotha MAIIST 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Betheada. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yerno or unknown) 7DEC37-31JAN58 385 26 5727 Mary K. PROVANCE 7525 Spring Lake Drive 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c),) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY signed by the ottendir burial-transit permit. IMMEDIATE CAUSE (a) Intracerebral Hemorrhage. Right DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove: rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital or attending physician. stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESTER NO 🔲 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at wark 22a. I certify that (1) (this respital) attended the deceased from Jan. 23 , 1968, to Jan. 25 , 1966, that (4) (we) last saw the deceased alive on Jan. 23 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did not), we've the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR Jan. 24. 1968 DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN'S PHYSICIAN'S NAME (Type) John S. JDecker Lcdr/MC/USN Naval Hospital, Bethesda, Maryland NAME OF CEMETERY OR CREMATORY
Arlington National Cemetery, Arlington 23c. NAME OF CEMETERY OR CREMATORY 23b, DATE (Stote) Va -23a BURIAL, CREMATION, (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR Tyson-Wheeler Funeral Home 1331 East Montgomery Ave., Rockville, Md. 25b REGISTRAB'S SIGNATURE VR A15 (4) 30M REV 1768



@ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01268 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month 8 40818 RUTT JANUARU 1968 IF UNDER 24 ISRS SEX 4 RACE S. DATE OF BIRTH 6. AGE (n years IF HINDER 1 YEAR DAYS by the Page lost buthday) HOURS FEMALE White 7-11-1897 0 ourial-iransii permit. Then please remave carban papers. Pr burial, crematian, ar remaval, and in any event, within 72 haurr 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 10.5 WIDOWED CO DIVORCED [WAShINGTON campietely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If Not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired.) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 136a CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER YES X 14 FATHERS NAME MOTHER'S MAIDEN NAME First Middle Last and Willet physician SAME Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (It was give war or dates of service) Yes, no. or upknown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' the Canditians, if any, which gave: signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ģ stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta has been 20b IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🗀 O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, not by medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn Caunty State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 1967, ta 1968, and that in (my) (our) apinian death accurred an the date and haur and from the saw the deceased alive an. causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING ... DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS GOLD CROSS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BUR AL, CREMATION CEDAR SULT ADDRESS 2So. REC'D BY REGISTRAR 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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01273 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01269 CERTIFICATE OF DEATH Lost 1. DECEASED NAME Middle 2g. DATE OF CEATH First 2b. HOUR (Type or print) Ye068 : 304 PUTZEK 3 **GEORGE** S DATE OF BIRTH 3. SEX 4. RACE affer 6. AGE (In years JE JINDER 1 YEAR IF UNDER 24 HRS Cau Male last piphaoy) 8/2/93 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIEO NEVER MARRIED country) Germany Montgomerv WIDOWED IK DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired) INDUSTRY director, page 3 shauld be detached far use as the buital-transit permit. Then please remave carbon shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, with Silver Spring Cross MINING 13a USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO X YES Bridgeport 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost JOHN LNOUN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no. of unknown) NOUN LLOYD AUREL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3,275 01277 CERTIFICATE OF DEATH 1. DECEASED-NAME M.ddle Lost First 2o. DATE OF DEATH 2b, HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month Willard Jav Radler January 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3 SEX last birthdoy) DAYS HOHRS Male October 1922 White 7g. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ountry) DIVORCED | burial, cremation, ar removal, and in any event, within 72 WIDOWED IT New Jersey Montgomery the attending physician and completely filled sit permit. Then please remove carbon pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.)

Manager give street oddress)
The Clinical Center, NIH INDUSTRY Bethesda Instrument Co 130 USUAL RESIDENCE (Where deceased leved, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER tad, INSIDE CITY LIMITS? odmission) SIATE New Jersey 13b. COUNTY YES X NO [155 Jeffery Road Colonia 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost Last Radler Frances Gutav Brown 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The Medical Record Address Yes, po, of unknown) I fit yes give wat or dates of service) 1/0-18-9911 The Clinical Center, Bethesda, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Renal and Re BETWEEN ONSET AND DEATH burial-transit permit. Renal and Respiratory failure 10 Davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) An Rheumatic Heart Disease 30 Years rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been in director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to (5 days) Uremia 19a, DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Mitral and Aortic Valve Disea NO [214 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not white 22a. 1 certify that (X) (this hospital) attended the deceased from 7 January, 1968, to 19 Jan., 1968, that (X) (we) last saw the deceased alive on 19 January 1968, and that in (XXXX) (our) opinion death occurred on the date and hour and from the causes stated abave, (t) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE 20 January 1968 DIRECTOR PHYS. 22e ADDRESS The Clinical Center, National 22d PHYSICIAN S NAME (Type) Rudolf N. Staroscik, M.D. Institutes of Health, Bethesda, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) HAZELWOOD CEMETERY RAHWAY RAHWAY FUNERAL DIRECTOR NEW DOVER RD 660 VR A15 (4) 30M REV, 1/68 Le COLONIA. N.J.



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	リイルイル
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5 まってま	BUR AL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town	
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			CERTIFICATE OF DEATH						01273			
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FOR STATE		01274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01274
HEALTH DEPT.		CEASED NAME First Middle Last 2a DATE KNOWN Month Day Year 2b, HOUR
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표 등 골 기	CAL C	PRIMARY OR CONTRIBUTING HOJR A.M
INER Secrition 3 short	MEDICAL	21d NJURY OCCURRED 21e PLACE OF INLURY (At home, form, street, 21f LOCATION Street or R.F.D. No (if yor Town County State
ICAL EXAMINER: Execute the certion. Page 4 should for your files. CTOR: Page 3 should burial, cremation,		WHITE NOT WHITE AT WORK AT WORK
ICAL EXA secute tor. Page ed for you CTOR: Page		22a. I certify that I taok charge of the remains described above, held on Autopsy 💢 . Inspection 💢 , Inquiry 💢 . and in my opinion
2 2 2 2 2 2		death resulted from Natura, causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
TY BIC. y, please ered director eretained tal Director performs to bu		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIGNED
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER ASSISTAN
ro DEPUTY necessary, it the funerol 5 may be r io funeral Heolth price		NAME (Type) DEPCTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
To T	230	BURIA, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
		REMOVAL (Specify) 1-31-68 Arlington National Arlington, Va.
VR A15ME (5)		FUNERAL DIRECTOR TO COLLINS ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRARS SIGNATURE Francis J. Collins 3821 14th St., N.W. Wash Date Jan 3 1 1968 (Clearly Judge)
10M REV. 1/68		1 1000 FOR THE STATE OF THE STA



A 24	1	MAKYLAND STATE DEPARTMENT OF HEALTH OF 27 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
/ FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01275
HEALTH DEPT.		DECEASED NAME First Middle Losty 20 DATE KNOWN Month	Doy Year 2b HOUR
Poge ov is		Type or Print EPOST OF ESTI- DEATH MATED 1-	17 168 9 AM
\$ 5 d	3 5		2d HQLR
2, ond 3 PM3, Page		11/, 1/E980 3-13-13 34 YRS	Year 1968 93 M
- 5-9		BIRTHPLACE (Stote or foreight 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79 COUNTY OF DEATH, WIDOWED DIVORCED DIVORCED	11
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8 % 9 7		give street addition), but a barrier in during most of working life, duen if ret red.)	NDUSTRY
haurs after de Item 18 Give Office alang was 1 and 2 with the after death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before) 13c, GTY OR JOWN (13d inside CITY Library) 13e. STREET AND NUMBER	School Fors.
haurs after Item 18 Giv Office along Tond 2 with after death.		admission) STATE D. C. 13b. COUNTY L'WASh.D. C YES XX NO 1 646 METON	S1, N.U.
haurs Item 1 Office Iond 2	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	last
		Deorge LIZZIC Kic	.H
INER: This certificate should be executed within 24 e certificate, writing the ward "pending in pencil in should be farwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. F le pages otian, ar remayal, and in any event within 72 hours		WAS DECEASED EVER IN U.S. TRIMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1941 - 1943 WAS DECEASED EVER IN U.S. TRIMED FORCES? ADDRESS ADDRESS	
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be executed "pending in net Medical Earst permit. Fevent within		PART. DEATH WAS CAUSED BY PART. DEATH WAS CAUSED BY CREBral Homeonic Cause (a)	BETWEEN ONSET AND DEATH
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should be e ne ward "per a the Chief I burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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his ce ate, v e farv be us	CERTIFICATION	WAS PERFORMED?	YES 😿 NO 🗆
ER: This is certificate, audid be faren ion, ar rem	188	21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Part 2, Iter	n IB.)
KAMINER: 1 te the certific te 4 shauld by your files. age 3 shauld cremation, and	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19	
	*	21d A.JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while not write factory, office building, etc.) 21f £OCATION Street or R.F.D. No. C by ar Town	County State
L EXAMINER: ecute the cert Page 4 shauld ar yaur files. R: Page 3 shau ial, cremation.		AT WORK AT WORK	
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please e I directar retained L DIRECT		death resulted from: Natural causes , Accident , Suicide , Homicide , Undefermined manner (
y, pled driver to prior to pri		ACTUAL SIGNATURE John & Ball M.D. ASS STANT MEDICAL EXAMINER 22b DATE SI	GNED 6
DEPUT) cessary, e funerc may be FUNERA		EXAMINER'S DEPUTY MEDICAL EXAMINER D	17/168
o DEPUTY necessary, I the funeral 5 may be 1 6 FUNERAL Health pris		NAME (Type) ADDRESS(Street, city, town, or county)	
5	230	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY FAYOUT Church Cometery Fayetteville	(State)
(24	Funeral Director ADDRESS 250 RECD BY REGISTRAR 250 REGISTRAR 5 SI	GNATURE
VR A15ME [5] 10M REV 1/68	7	Thomsand Jakin 4804 Galles 16 DATE 1000 Morele	43
10/4/1/00	14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10-



MARYLAND STATE DEPARTMENT OF HEALTH 3,230 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01276 CERTIFICATE OF DEATH Middle. 2a DATE OF DEATH 2b HOUR DECEASED NAME (Type or print) ē DATE OF BIRTH IF UNDER 24 HP 4. RACE 6. AGE (In years 3. SEX requires that the deoth certificate be executed within 24 hours after 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED country) WIDOWED Z DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR LO CITY OR TOWN OF DEATH during most of working life, ever if retired.) 13e STREET AND NUMBER 3a USUAL RESIDENCE (Where deceased lived, if institution Residence before burial, cremation, or removal, and in any 14 EATHER'S NAME Middle 160. WAS DECEASED EVER IN LUS. ARMED FORCES? Yes, mgz grunknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line tor (a) (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gave) burial-tronsit nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY GR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased from 20, 1907, ta 30, 1908, that (I) (we) last saw the deceased alive an 30, 1908 and that in (my) (eur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did-net) view the body after death. 225 SIGNATURE 22c. DAZÉ SIGNED **ATTENDING** STAFF DIRECTOR PHYSICIAN S director, po shauld be f 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) (County) (State) 23a BUR AL CREMATION Detroit. Michigan 2-1-68 Grandlawn Cemetery 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 PUMPHREY, Bethesda, Maryland

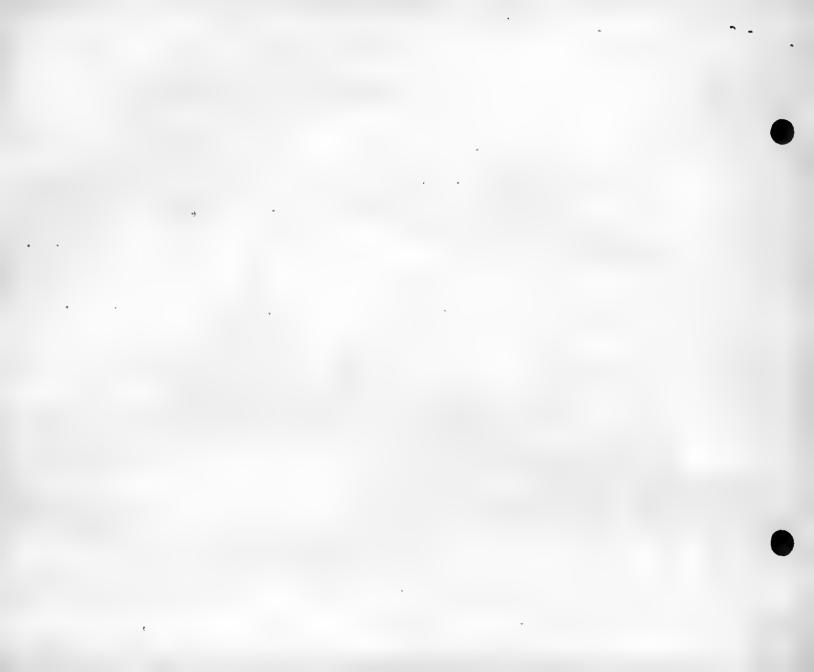


	1 PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE A	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12'7'
HEALTH DEPT	DECEASED NAME Frst Middle Last 2g DATE KNOWN For Month Day	
2000	(Type or Print) IRA ROBERT RIIBNER DEATH MATED _ Jan. 5	
loy 15 13 to Page ent of	3 SEX 4. RACE S DATE OF BIRTH 6 AGE In years . F LINDER 1 YEAR IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny deloy , and 3 PM3. Pag ortment	and highlight MONTUS DAYS MIDIADS MIN	Year 1968 7:30 A
ny delay is 1, 2, and 3 to im PM3. Page Department of	70 BIRTHPLACE (State or foreign 76 C-TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	(400 100 M
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orth Stare		KIND OF BUSINESS OR
deoth with with	Takoma Park Give street address Maring meet of wasking life, even if retired.) INDU.	STRY
offer deoth 18. Give Pages olong with for with the State	130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER	
olong death	odm ssion) STATE Maryland 13b (OUNTY MONTGOMERY TAK. PK. VES EN NO [8606 Garland Aver	nue
hin 24 hours ofter death ned in Item 18. Give Paggininer's Office olong with pages I and 2 with the Standours after death.	4 FATHER'S NAME First Middle Last I'S MOTHER'S MAIDEN NAME First Middle	Last
4 h	Herman Riibner Rona	Casel
hin 24 not in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
with penc xamis ile po 72 h	(Yes. no. or unknown) (If yes give wor or doftes of service) none Rona Casel, 8606 Garland Ave. Tak	Pk,Md.
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's I be used as a burial-transit permit File pages or removal, and in any event within 72 hours	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. ansit permit F. event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalitis	36 hr.
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be of interpretation in the control of the control	Conditions, if any, which gove) Varicella	5 days
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s certificate should e, writing the ward forwarded to the Cl v used as a burial-tra emoval, and in any	PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	
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his cate, refined by the company of	WAS PERFORMED?	YES NO 🗌
	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH AND THE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH PM 19 211 NuRY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, tem 18) 212 NuRY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, tem 18) 213 NuRY OCCURRED 218 PLACE OF INJURY (4t home form street of 215 LOCATION Street or R. E.D. No. City or Joyn Co.	1)
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XAMINER: the certified of the should your files. Page 3 should cremation,	WHILE NOT WHILE factory, office building, etc.)	
ical examiner: execute the cert or. Poge 4 should d for your files. CTOR: Page 3 shou	220. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection [], Inquiry [],	and in my opinion
ECAL E executor. Poged for CTOR: Foundly	death resulted from Natural causes 🖾 Accident 🔝 Suicide 🗍 Homicide 📗 Undetermined manner	, ,
please e l'director retained	CHIEF MEDICAL EXAMINER	
y, pleasing direction (AL DIRECTION PROPERTY)	SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 220 DATE SIGNE	ED C
EPUTY Ssary, F funeral ay be ra INERAL Ith price	EXAMINER'S Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER 1-6	-68
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TO DEPU necessor the fun 5 may TO FUNE Health	230 BUR AL, CREMATON, 230 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Cour	nty) (State)
	Burial Jan 7, 1968 Nat'l. Mem. Park Falls Church. V.	
	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR 5 SIGNA	TURE
VR A15ME (5) 10M REV. 1/68	Goldberg Funeral Home 4217 9th Street N.W. DAUAN 10 1968 [Charles	Judge

MARYLAND STATE DEPARTMENT OF HEALTH



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	•	0000	Division of STATIST	ICAL RESEA	RCH AND REC	ORDS, 301	W. PRESTON S	TREET, BAI	TIMORE, MARY	LAND 2120	1
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funeral funeral		E OF DEATH					2 USUAL RESIDEN	CE (Where dec	eased lived, if institu	INTY	·
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filled in papers	a Ni		Chestnut				4314	Ches	tnut Str	reet	B IS RESIDENCE ON A FARM? YES NO SX
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requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Then please remave carban papers, Pages and a burial, crematian, ar remaval, and in any event, within 72 faurs of death	15 WA (Yes, no	S DECEASED EVE , or unknown)	R IN U.S. ARMED FORCES? (If yes give war at dates o	f service)	0001 SECURITY NO 0-44-58			vife R in e	Same a		1 2.
the at per	18	CAUSE OF DE	ATH (Enter any one cou			-					INTERVAL BETWEEN ONSET AND DEATH
hat n. ansii		PART I, DEAT	H WAS CAUSED BY- IMMEDIATE CAUSE	(o) <u>C</u>	vicula	tory	Colla	1col			OHSEL AND DEATH
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quires that the physician. signed by the burrat-transit pourial, cremati	rise	ta immediat	e couse (o), ((b) 0000	S COUNT	rein	e cas	aco-co-	acua	1) came	year
w re ling een rta	sta las	ting the under	rlying cause	(c) 1/2	neral	esad	arte	reas	clerose	2	
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r The se ho	FICATION	Banco	n Prosta					brem			YES NO 1
Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta	E OR	CONTRIBUTING	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. Di	SCRIBE HOW INJUR	Y OCCURRED.	(Enter nature of injur	y in Port I or	Port II of item 18.)		
PHY:	التجال		IRY Month, Day, Year		JURY OCCURRED		CE OF INJURY (Home,	form, 20	(City or town)	(Cour	nty) (State)
NG the	*	р. п	n. 19	While of work	c∟ otwork L	_					
ATTENDING stained by the CTOR: After I should be diffill the State		21. 1 certif	fy that (I) (this hos	pital) atten	ded the deceas	ed fram	7-7-	, 1962	7 to	, 19	_, that (I) (we) la e date stated abov
Frank and the state of the stat	₋₂	o. SIGNATURE	eceased alive an_	1 /	1907	_, und ma	r dearn accorrec	ul / -			TE SIGNED
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	"	RA	nald-	Schr	eiber	M.I		MED. DIRECTOR	STAFF D] 1/1	168
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	27	PHYSICIAN'S NAME (Type	RONALD	sch	REIBER		22d. ADDRESS ///2.5	Roc	KVILLE	PIKE	ROCKVILLE
OSP JNEF uld	23 g. Br			EREOF	23c. NAME OF	CEMETERY OR			LOCATION (City or T	own) (I	County) (State)
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	RI	IRIAL, CREMATIC MOVAL (Specify DUTLA:	1 1-4-6				emetery 250.				Jand
VR A15 (4)	24 FL	INERAL DIRECTO	IR .								
20 M 1/66	RO	BEKT A	A. PUMPHR	EY, Be	ethesda	, Mar	yland DATE	IAN 1	1 1968	Marl	es Judge



- zalebiana T	1	MARYLAND STATE DEPARTMENT OF HEALTH AND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 201 W DESCRIPTION STREET BALTIMORE MARYLAND 21201	
	I	tems 10 & 11 Main G37 278 1ate	45 B 4514445
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01279
HEALTH DEPT.		DECEASED-NAME (Type or Print) A Sirst Month (Type or Print) OF ESTI-	
E A AS		DEATH MATED _ JETT	29 1968 7 BAY
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Stotill Depart		BRITHPLACE (Stote of lore gn 7b CT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Pogra	10	GITY OPTOWN OF DEATH thesda give street oddiess) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to during most of work parties and during most of working its even if the red.)	126 KIND OF BUSINESS OR INDUSTRY
	130	USUAL RESPERICE (Where deceased lived, if institution Residence before) 13c. CITY OR TOWN 13d. UNION LITY LIMITS? 13e. STREEL AND. NUMBER 7	Coore
is certificate show dibe executed within 24 hours after ie, writing the ward "pending" in pencil in Item 18 Givy forwarded to the Chief Medical Examiner's Office along e used as a burial-transit permit. File pages land 2 with the removal, and in any event within 72 hours after death	0	odmission) STATE Md. 13b COUNTY Mentgomery Chery Chase YES RNO 14357-1Che	wy Chras
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	199	2 O. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING HOUR AM TO COLUMN TO THE PORT OF THE PO	m 1B.)
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market and the second of the s	¥ .	21d. N.JRY OCCURRED 21e PLACE OF NJURY (At home, form, street, 21f 10CATION Street or R.F.D. No. 3600 City or Town	County State
EXAMINER cut the cer age 4 shau your files . Your files ! Page 3 sho		WHILE AT WORK AT WORK AT GEORGE DUILDING, STELL GEORGE TOWN Rd. Bethesda 1	Memgamery Mel
pepury blass execute the certifue funcial director. Page 4 should may be retained for your files FUNERAL DIRECTOR: Page 3 should ealth prior to buriol, cremation,		220. I certify that I took charge of the remo ns described above, neld an Autopsy, Inspection 💢, Inquiry 💢.	, and in my opin on
Ed. Person		deoth resulted fram Natural causes 🔲 , Accident 💢 Suicide 🔲 , Homicide 🔲 , Undetermined manner [
please e please e I director retained L DIRECT iar ta bu		CHIEF MEDICAL EXAMINER	
AL AL		SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22h DATE SI	
San y burner of the san of the sa		EXAMINER'S DEPUTY MED CAL EXAMINER	29,1968
To DEPUTY necessary, please the funeral direct 5 may be retaine 70 FUNERAL DIREC Health priar ta b		NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Berhe's d.	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) ((County) (Stote)
***	_	Burial 2-1-68 Parklawn Cemetery Rockville, Ma	
VR ATSME [5]	DC	BERT A. PUMPHREY, Bethesda, Maryland DATE F. 2 1968	IGNATURE LINGER
YK AFDME [3]	11/6	BERT A. PUMPHREY, Bethesda, Maryland DATE FLO 2 1988	51



MARYLAND STATE DEPARTMENT OF HEALTH 01284 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01280 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR death. (Type or print) J. ancis OgPhC 3 SEX S. DATE OF BIRTH 4. RACE AGE (in years IF JNDER I YEAR lost birthday) HOLPS Male 00t. 26. 1878 Cauc. requires that the death certificate be executed within 24 hours: 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Mass. illed in Montgome ry U. S. WIDOWED [DIVORCED [7] IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Potomac during most of working life, even if retired)
Doctor carban Rockville INDUSTRY Vallev N 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER Montgomery YES IN NO 2709 Weisman Rd. Wheaton 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Last Middle Sara Coyne Joseph Rogers 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Son Same as 17. INFORMANT Yes, no. or unknown) Item 13 Unknown signed by the attending physic burial-transit permit. Then plo burial, crematian, ar remaval, l by the attending phys Laurence A. Rogers APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) as the prior to b has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. ANTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K ed for use of Health p YES [O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at wark 220. I certify that (I) (this hospitaly attended the deceased from flave to , 1964, to flave, 24, 1968, that (I) (we) last sow the deceased alive and from the causes stated abave, (I) (we) (did) (did not) view the body after death. director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEOREE DIRECTOR 50 W. Edmonston Ave. 22e ADDRESS G. BOWDITCH NAME (Type) Rockville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) BEMOVAL (Specify) 2-2-68 St. Mary's Cemetery Northampton Mass REGISTRAR 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 [4] PUMPHREY, Bethesda, Maryland limites DATE FEB 30M REV 1/68



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
September 1990		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01281
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	OIMOT
E HEALTH DEPT.	1 0	ECEASED NAME Of Fist Middle Lost 20 DATE KNOWN DO Month	Gay Year 25 HOUR
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ong of #		USUAL RESIDENCE Ownere deceased lived, it institut an Residence before 13c CITY OR TOWN 13d MISIDE CITY DM 159 13e STREET AND NUMBER	
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Me Me		DUE TO, OR AS A CONSEQUENCE OF	
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ould vord he Ch iol-tra		rise to immediate cause (a). (b) CEFEBLAL AF CEFEDS CEFEDS IS DUE TO, OR AS A CONSEQUENCE OF	1
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ate s g the ed to s o bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G YEN IN PART 1(a)	
		THE 2 STATE STATE COMMINGS TO DESTREE TO THE ELAMINATE DISEASE OF COMMINGS AS IN LASK 1(0)	
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INER: The e certifica e certifica should be files 3 should to rotion, or rotion, or		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Part 2, Its PRIMARY OR CONTRIBUTING HOUR A.M.	em IB)
(AMINER: te the certi je 4 should rour files age 3 shou cremotion,	MEDICAL	CAUSE OF DEATH P M 19	
MIN He He I st	3	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, affice building, etc.) 2 f LOCATION Street at R F D, No. (ity or Tawn	County State
XAM ute th ge 4 your Page		WHILE NOT WHILE at WORK AT WORK	
		22a. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspect on 💢, Inquiry 💢	and in my apinian
Seessory, please exect e funeral director. Pa may be retained for FUNERAL DIRECTOR: ealth prior to burial,		death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined monner	
please e I director retained DIRECT		CHIEF MEDICAL EXAMINER	
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7 - 4 2	230	BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		SURINL 1/8/68 COLUMBIA GARDENS HARLINGTON.	UA.
NO 435145 (5)	24	FUNERAL DIRECTOR 5/30 WADDRESS A U.S. NW 250 REC D BY REG STRAR 250 REGISTRAR 5	
VR A15ME [5] 10M REV 1768	2	OS. GAWLER'S SON WASHINGTON D. C. DATE JAN 10 1968 Police	May Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01282 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 20 DATE OF DEATH requires that the deoth certificate be executed within 24 hours after death and (Type or print) Month Rebecca 1911atter RACE 6. AGE (In years IF UNDER I YEAR SEX DATE OF BIRTH DAYS HOURS last birthday) Female burial-transit permit. Then please remove corbon papers. Pac burial, cremation, or removal, and in any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED completely filled in MAGBMER WIDOWED IN DIVORCED [hehanon-tenn 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Mind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired) INDUSTRY Home rasington Senitaria Kensington 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 134 CITY OR TOWN admission) STATE 130 COUNTY Montagnery 140 13e STREET AND NUMBER 10212 13d. HISIDE CITY E MITS? 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First gud Hully · JOIOMON physicion (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT fif yes give wor or dates of service) Yes, no. or unknown). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any) which gave) rise ta immediate couse (a). DUE TO, OR AN A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filmd with the State Dept. of Heolth prior to I 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO D 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not by medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21s. PLACE OF INJURY State City or Town County While Mat while at work 22a. I certify that (1) (this haspital) attended the deceased from there of 1966, to have 19 6 that (1) (we) last Cin 2 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes grated above, (1) (we) (did) (and not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR MO STAFF PHYS DEGREE PHYS 22d PHYSICIAN S 22e. ADDRESS NAME (Type) 850 5-6 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (County) (State) 230 BURIAL, CREMATION, Trans-burka Lancaster. Pennsylvania Greenwood Cemeteru 25b. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR DATE JAN VR A15 (4) 5 1968 30M REV, 1/68 Pumphreu. Silver Spring.



1- 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			01283
HEALTH DEPT.	i D	ECEASED-NAME First Middle East 2a DATE KNOWN Manth	
	((ype or Print) POSEN DORN DEATH MATED Fig.	19.7 /25 M
ny delay 15 2, and 3 ta PM3 Page	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (in years 15 LNOER 1 YEAR 16 LNOER 24 HIS 20 DATE PRONOUNCED DEAD	2d HOUR
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rrs of 18 ce of 12 w	L	TID TIDHIGOMERY ISETTES DA LO SULF ISHITE	RY LANE
24 hours after in Item 18. Girs Office alones I and 2 with its after death	14	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Carrie F. Huber	last
rhin ncil nine pag		WAS DECEASED EVER IN U.S. ARMED FORCES? 165. no. or unknown) (Hyss give wor or dotes of service) 408-32-2340 No. (Hyss give wor or dotes of service) 408-32-2340 Anna M. Rosendorn Same as	Item 13.
be executed wif "pending" in pe hief Medical Exar ansit permit. File event within 72		18. CAUSE OF DEATH (Enter anly ane couse per ine far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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d be d bin chie chie		rise to immediate cause (a). (b) urinary opstruction	
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ite shauld be e the ward "per d to the Chief I o burial-transit ind in any even		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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ertil writ war war	ATION	.9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, to for rem	Ħ	WAS PERFORMED?	YES 🔀 NO 🗌
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INER in certification i	MEDI	CAJSE OF DEATH P.M. 19 21d NJURY OCCURRED 2.e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. Na. City or Town	Caunty State
DEPUTY Sessory, please execute the cert is funeral directar. Page 4 shouls may be retained for your files. FUNERAL DIRECTOR: Page 3 shau eaith prior to burial, cremation.		WHILE NOT WHILE factory, office building, etc.)	
iCAL EXA e execute far. Page ed for you CTOR: Paginial, cre		22a. I certify that I taak charge of the remains described above, held an Autopsy 🟹, Inspection 📈, Inquity 🛣	, and in my apinian
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y, please ratain tal bixe priar to		SIGNATURE	
SSOT Frue frue by both the the the the the the the the the t		EXAMINER'S NAME (Type) JOHN G. BALL ADDRESS(Sneet, city, town, or county) Bethe	2,1968.
necessary, please extremental director. 5 may be retained to FUNERAL DIRECTOR. Health prior to bur	725	House, as, town, at comy, Be Cite	Manual Manual
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VR A15ME [5] 10M REV 1/68	24	FUNERAL D RECTOR A Pumphrey 7557 Wisconsin Ave Bethesda, Md 250. REC D BY REGISTRAR 1968 REPORTS	The same of the sa
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\$ 12° 5	7o,	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT CO	OUNTRY? 8. N	ARRIED NEVER MARRIE	9. COUNT	Y OF DEATH		
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requires that the deoth certificate be executed within 24-hours after a signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remove carbon papers—Pages 1 a burial, cremation, or removal, and in any event, within 72 hours after	160	WAS DECEASED EVER IN U.S. 1 es, no, or unknoyo) (15 yes 9		SOCIAL SECURITY NO	17. INFORMANT Patricia	Nolos	Address Address	dom Tom	
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NDING PHYSICIAN: The law red by the hospital or attending affer this certificote has been do be detoched far use as the state Dept. of Health prior to	CERTIFICATION	190. DATE OF OPERATION	96. CONDITION FOR WHICH O	PERATION WAS PERFOR	1		Ob. 1F YES, WERE FINDINGS C AUSES OF DEATH?	ONSIDERED IN CERTIF	YING
r at rath was ho		At According to a contract to the contract to	VIII - I - I - I - I - I - I - I - I - I	9	YES 🗌	NO.			
YSICIAN: ospital or certificote hed far u		210. ACCIDENT WAS UNDERL		RY nth Doy Yeor	21c. HOW INJURY OCCURI	RED (Enter nature o	f injury in Part 1 or Port 2,	Item 18.)	
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how hose outh	12		Te. PLACE OF INJURY (AT HO	BUILDING, ETC.	21f. LOCATION Street at	r R.F.D. No.	City or Town	County	Stote
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by Afte be Sta		22a. I certify that (I) saw the deceased	(this haspital) attende	d the deceased to	ofn	, 19 <u>-2-(</u> , 10	oth accurred on the do	te and have and	(we) last Lfram the
FEN In ed Weld the		conservated abo	ove, (I) (we) (did) (did	not) view the bady	after death.	(oor) apinian ae	am accorred an me ac	ite and hadrand	i ilum ine
ITAL OR ATTENDING may be retained by ' AL DIRECTOR: After page 3 should be be ifled with the State		22b. SIGNATURE		11/- 2	1	. Urb		DATE SIGNED	late
OR De r		~ 1/40	I. Ayou	17/15/11	DEGREE PHYS	MED. DIRECTOR	PHYS. D	an. 29	1414
YAL D		22d. PHYSICIAN S	JANA C	F JAK	22e. ADDRES	541140 (NEVY CINA	SE DRI	10
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched far use as the burial-tror should be filed with the State Dept. of Health prior to burial, creating		NAME (Type)		VAIN -S	N'AMP	MARYL	MARCO		0015
HO Be rect	230		b. DATE		TERY OR CREMATORY		CATION (City or Town)		State)
5 5 ja _t		REMOVAL (Specific	1-31-68	St Mary	s Cemeter		lashington	D. C.	
VR A15 (4) 30M REV 1/68	24.	Roberto A Pu	mphrey 755	7 WYSCOI	nsin Ave 25	o. RECD BY REGISTE		SIGNATURE SINGS	2
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	_ 1	MARYLAND STATE DEPARTMENT OF HEALTH 1 JL263 DIVISION OF VITAL PECODOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201
A STATE OF THE STA	1	DIVISION OF THE RECORDS, BUT 14. I RESIDE STREET, DALIMONE, WHITE LAND ATTACK
	/	TOOM O FILM COST LYCH OO AL CENTIFICATE OF DEATH
2	= = S=X	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOLLB. (Type or print) Month Day Year
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	after after	7 ast birthday) Months Day's Hours Man
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	that the death certificate be executed within 24 ian. by the ottending physicion and completely filled is tronsit permit. Then pleose remove carbon paper cremation, or removal, and in ony event, within 72 is a constant of the constant of	give street address) FAIR AMO NORS (Medicing most of working the even if retired) INDUSTRY
	and completely remove carbon nony event, wit	130 USUA: RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER
	completion of y even	admission) STATE MD 13b. COUNTY MONTEOMERY BETHESON YES NO 7809 TILBURRY ST
	x ed x	14. FATHER'S NAME First Middle Lost IS. MOTRER'S MAIDEN NAME-First Middle Lost
	and and in on	Don Ing Felipe Sagrafis South one Bellien
	physicion con please of the pl	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Gormanis
	in Skill of	Yes, no, or unknown) (It yes give war or dates of service) 220-48-98 No at / irrue 5, there they are marghane
	tage 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Tre din it	PART I. DEATH WAS CAUSED BY:
	offendi offermit ion, or r	485 × IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
	the drift of artio	Conditions, if any, which gove
	that ian. by the trons crem	
	es tes tes de sicio de la	lost (c)
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely fills a should be detached for use as the burial-transit permit. Then please remove carbon poed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within a state Dept.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ing he to	2 41/x Cerebrol artensolerose
	AN: The low real or attending icate has been for use as the Health prior to	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	토를 등 S 를 X (YES NO
	AN:	216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 217. ACCIDENT WAS UNDERLYING 218. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	7 3 4 5 5	S (If either, notify sned) examiner) P.M. 19
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	by the hospital or attending the respital or attending of the retificate has been be detached for use as the Stote Dept. of Health prior to	ul wulk ul work
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	ATTENI etoined CTOR: / should vith the	causes stated abave, (1) (we) (did) (did nat) view the bady after death.
	R ATTENE retoined recrors: A 3 should with the	226 SIGNATURE (SOLL ATTENDING MED. STAFF 220 DATE SIGNED
	S e 2 E 2	DEGREE PHYS DIRECTOR PHYS.
	AL AL	122d PHYSICIAN'S PORIS (KABKIN 22e. ADDRESS 10/9 Cum. Blood 62)55.
	2 4 M 5 E O	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death ce Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending director, page 3 should be defached for use as the burial-transit permit. The should be filed with the State Dept. of Health prior to burial, cremation, or remit	REMOVAL (Specify L 5= 68 L - Tolling of the demonstrate of ment
	5-5	24 FUNERAL-DIRECTOR ADDRESS 250 REC'D BY REGISTRAR S SIGNATURE
	30M REV 1/68	Benert & for her faither some pated N & 1968 Cliente Ques



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01286**DECEASED NAME** First Middle Last 20 DATE OF DEATH 2b. HOUR buriol transit permit. Then please remove corbon popers. Pages 1 ond 2 buriol, cremation, or removol, ond in ony event, within 72 hours after deoth (Type or print) ge Anastasios (NMN) Sahlas 1968 January 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years **1E UNDER 1 YEAR** campletely filled in by they lost birthdoy) MONTHS I 2 March White Male requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED XX DIVORCED [WIDOWED [Greece Greece Montgomerv 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired)
Barber INDUSTRY Bethesda Service 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Palio-Panagia, Lakonia Snarta. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Last George Sahlas Malouhu Pota 16b SOCIAL SECURITY NO. 17. INFORMANT Addres Bethesda, Md. 200 H 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) THe Medical Records, The Clinical Center, NIH None APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Heart Failure 24 hours 10 - 20DUE TO, OR AS A CONSEQUENCE OF (b) Aortic and mitral valve disease signed by the buriol transit p Conditions, if any, which gave) vears rise to immediate cause (a), 10 - 20years DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician.

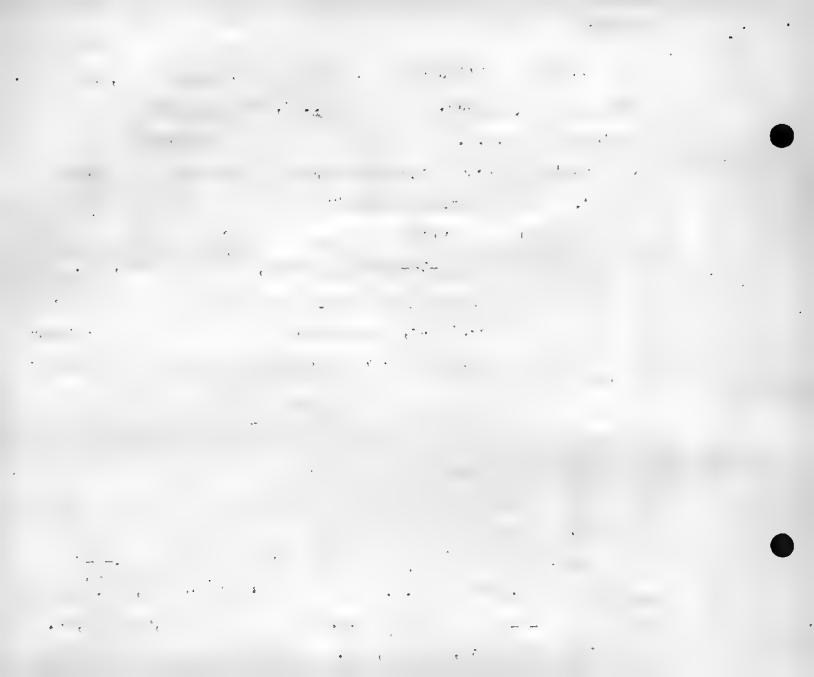
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial transhould be filed with the State Dept. of Health prior to burial, crei stating the underlying couse! @ Rheumatic Heart Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRCONDITION GIVEN IN PART 1(o) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Mortic & mitral valve disease YES 1/285/68 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 226 SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 5 Jánuary 1968 DEGREE DIRECTOR 22e. ADDRESSThe PHYSICIAN'S Clinical Center, National MAME (Type) Lynn M. Peterson, MD 23c NAME OF CEMETERY OR CREMATORX Mulley Spanish 23o. BURIAL CREMATION. 23b. DATE 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01282DECEASED NAME The State First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Sarah Elizabeth Sanders January 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years lost birthdoy) HOURS signed by the attending physician and completely filled in by the burial-tronsit permit. Then please remove carbon popers. Pages burial, cremotion, or remavol, and in any event, within 72 hours aft Female Cau. Oct. 6, 1879 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [] Maryland U.S.A. WIDOWED DO DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY Silver Springs Gaen Haven Drive Domestic 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

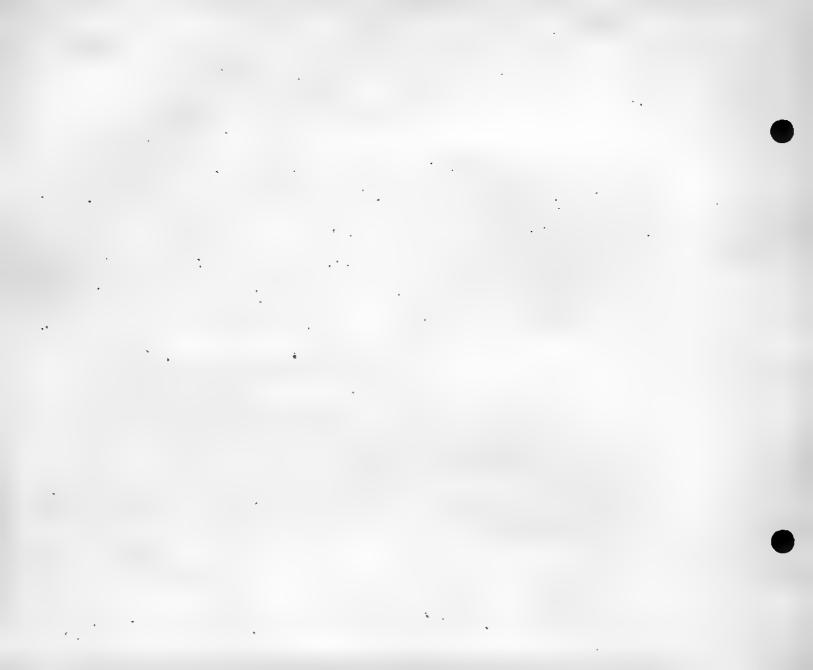
STATE Md. 13b. COUNTY Montgomery Springs 38. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Montgomer YES 😿 NO [10601 Glen Haven Drive 15. MOTHER'S MAIDEN NAME First 14. FATHERS NAME Alexander Murray Sarah Ann 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no-or unknown) (If yes give wor at dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 10601 Glen Waven Drive Yes, ner grunknown) 215-54-8698 Ann Robey Silver Springs, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis Years DUE TO, OR AS A CONSEQUENCE OF Senility, emaciation Canditions, if any, which gave t 5 Years nse to immediate couse (a), DUE TO OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse (d Uninary Tract Infection Months? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use as the b f Health prior to b O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 📜 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work saw the deceased alive on 1948, and that in (my) (our) opinion death accurred on the date and hour and from the 22a. I certify that (I) (this haspital) attended the deceased fram. couses stated above, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE 1-3-68 PHYS. director, poge 22d. PHYSICIAN'S 22e. ADDRESS 10101 Georgia Avenue Silver Springs, Md. NAME (Type) HUGO G. GRAZIANIM.D 23d. LOCATION (City or Town) 23L. NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BUR AL, CREMATION, (County) Waldorf Charles Md.
GISTRAR 25b REG STRAR S SIGNATURE 1-5-68 St Pauls Cemetery REC'D BY REGISTRAR 24 FUNERAL DIRECTOR The Huntt Funeral Home, Waldorf, Md. 1968



				ND STATE DEPARTMENT OF		
4/		2 602	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		
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OR A DIMEC!		Neurs	(Teruso	DEGREE PHYS	MED. DIRECTOR PHYS.	1/8/68
ERAL I may ar, page file file		22d. PHYSICIAN'S NAME (Type) Dr. I	Henry C. Scruzzo	22e ADDRESS		
O HOSPITAN Page 4 may O FUNERAL director, pa	230.	REMOVAL (Specify) 12 - 3	DATE 11-1968 23c NAME Getty	of CEMETERY OF CREMATORY sburg Nat'h. Cemet	23d LOCATION (City or Town) ery Gettysburg, Pa	(County) (State)
VR A15 (4) 30M REV 1/68	24. Je	FUNERAL DIRECTOR +	9074	Wisc. Ave. N. W.	7877	
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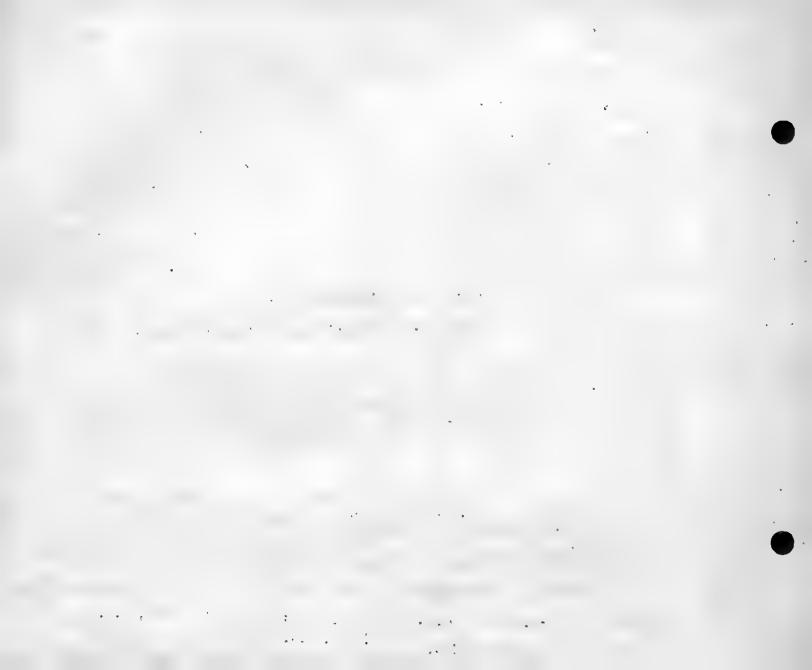
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phy en ova					Julius M. Sa	uber (Bro.	1314 6	I ABBOY	VE INTERVAL
ing ing		 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE 	y one couse per line for (c)	(b), ond (c).)	1 0 7	0		BETWEEN ON	
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SIC Spit Spit entiff	MEDICAL	(If either, notify medical examination of the community o		19	11 LOCATION Charles D. F.D. I	No. City or To		County	State
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ATTENDING etained by th CTOR: After t shauld be da vith the State		saw the deceased a	live on	19 68	n, 19 , and that in (my) (aur) o fter death.	pinion death occu	red on the date	e and hour o	nd from the
TEN inequiped the		causes stoted obov	e, (I) (we) (did) did not	view the body o	fter deoth.				
A de State		22b MONATURE	10	440			€22c DA	TE SIGNED	-10
OR DIRE		Jane A. h	ichtua	ump	DEGREE PHYS	MED. ST/ DIRECTOR PH	is. Jan	4.9,1	468
IAI CAL	١.	22d. PHYSICIAN S PAUL	A. 1647	MAAN A	A D 228. ADDRESS	2.00	aug.	A1. (2)	,
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detacted far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death			· · · · · · · · · · · · · · · · · · ·	MINIA I	42-01	arnounce	C COOT	,,,,	
HOU FICT	230	BURIAL, CREMATION, 23b.	DATE 2	NAME OF CEMETER	- 1	23d LOCATION (C	ty or Town)	(County)	(Stote)
5g 5 ₽ g		REMOVAL (Specify)	11-68, 1	Adas Is	rael Cemete	ry Wash	ington	P.C.	
VR A15 [4]	24.	FUNERAL DIRECTOR B. S.a.	nzaustry +	ADDRESS			25b. REGISTRARS S	IGNATURE	dar.
30M REV. 1/68	3	01-14th St.A	W. Washin	Ston bo	C. 20010 DATE	, , , , , , , , , , , , , , , , , , , ,	* 1	- source strange	



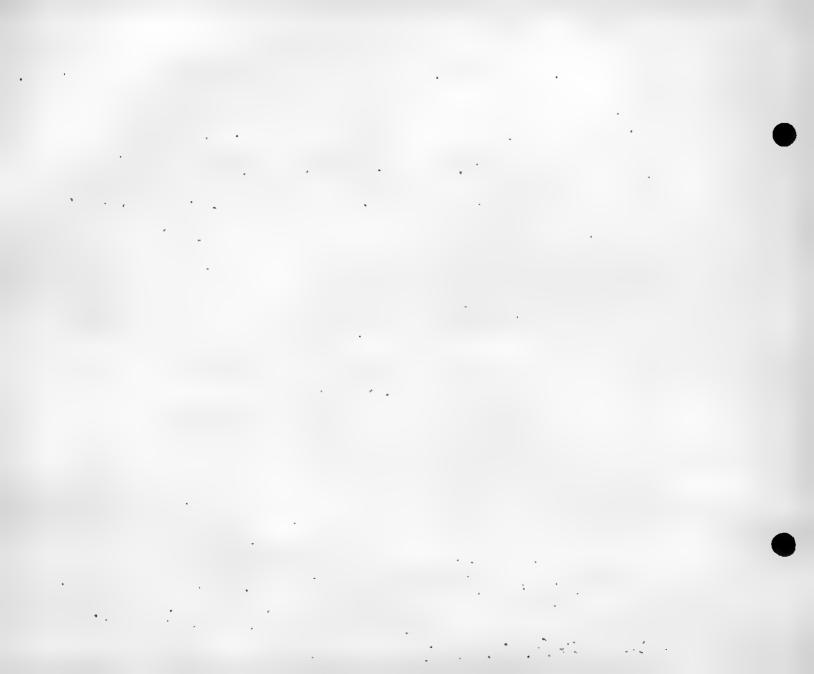
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01294 CERTIFICATE OF DEATH 01290 First 2o. DATE OF DEATH DECEASED NAME 2b HOU déoth (Type or print) Year IF L'HOER YEAR 4 RACE S DATE OF BIRTH IF UNDER 24 HRS. 6 AGE (n years last birthday) ZYAG HOLPS w K12215 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? **9 COUNTY OF DEATH** 8. MARRIED T NEVER MARRIED country) Filled in WIDOWED 52 DIVORCED [CETACESPANCO-1 poper Dente ones NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tal 12a. USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress (MAHA VE A) during most of working life, even if retired) INDUSTRY any event, with Tarbone Own Home 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c CITY OR TOWN 136 INSIDE CITY UMITS? 13e STREET AND NUMBER requires that the Teath certificate Te executed admission) STATE 13b COUNTY 407 Whittier St., N. remove 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle attending physician and permit. Then please rem removal, and 6.00 Address 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? New Carrotton. Md. Yes, no or unknown) (If yes give war or dates of service) Mrs. Wm. W. McCracken 577-01-3268 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH and dis IMMEDIATE CAUSE (o) cremation, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove signed by the burial-tronsit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUMERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to 1 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 19.60 to 19 67, and that in (my) (four) apinian death accurred an the date and have and from the saw the deceased alive an..... Poge 4 moy be retained causes stated abave, (1) (we) (did) (did net) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) East. Silver 23d LOCATION (City or Town) 23r NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) 23a. BURIAL, CREMATION REMOVAL (Specify) Arlington Nat. L. Arlington. Cemeteru VR A15 (4) 30M REV. 1/68 Silver poring. DATE



	_	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		11295 CERTIFICATE OF DEATH	01291
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certificate be g physicion at then please r mavol, and in		Ves, no, or unknown) (If yes give wor or dates of service) 382-22-033B JEAN KON165BER9-50	e Item "13u-e-
Then Then may		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
the deoth re ottending the permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Commany occurs for	minutes
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30		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
P	()	CERTIFICATE OF DEATH			01292
	-(ALG)			ast 2a. DATE OF DEATH	2b. HOUR
	de d	(pe or prior) John NMN Schmik	It January 15	Year 8 9:45 OM
	2 2 2	3. S			IE UNDER I YEAR IE UNDER 24 HRS.
	offer of the	ı		last birthday) N	MONTHS DAYS HOURS MIN.
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	ed upe	<u> </u>	"Tenna Fmer. WIDOWED]	DIVORCED Montgomery	Md
	重量 7/	1D. 	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in had give street address)	aspital 12a USUAL OCCUPATION (Kind of work dare) during most of warking life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
	with bar	<u></u>		psp. Barrer	***************************************
	ent car	130.	SUAL RESIDENCE (Where deceased lived, if institution Residence 13c CITY OR TOWN sian) STATE		
	out on //	- Culi	sian) STATE Mary Land 136 COUNTY Georges Beltsvil	le YES NO 3600 Powder	Mill Koad
	o pi o ma o (ub	14.	ATHER'S NAME First Middle Cost 15. MOTH	HER'S MAIDEN NAME First Middle	Last
	be name in an		Philip Schmidt	Margaret Corne	lus
	ate ciar eas and	160	WAS DECEASED EVERAN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORM		1100
			s, no, or unknown) (If yes gave wer or detes all service)	d. records _ W. 5 Hospite	ā
	nav	F	18. CAUSE OF DEATH (Enter only one couse per line fat (a), (b), and (c).)		APPROX.MATE INTERVA.
	# igi =		PART I DEATH WAS CAUSED BY-		BETWEEN ONSET AND DEATH
	dea ten mili ar	П	MMMEDIATE CAUSE (0) Bronchopneumonia, a	acute	3 days
	he al	П	DUE TO, OR AS A CONSEQUENCE OF		-
	t the site of the	L	Conditions, if any, which gave (a). (b) Cerebral thrombosis	3	7 years
	an. Transfer		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	res rsici red ial-	1	last. (t)		
	phy Sign burn	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	and be riar riar	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20	Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
	The atte	ΙĔ		YES NO CAUSES OF DEATH?	
	ar or use		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJ	IURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	em 18.)
	CIA!	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH (If either, nat.fy medical examiner) HOUR A.M. Manth Day Year P.M. 19		
	PHYSICIAN: he haspital or this certificate letached far u 9 Dept. af Heak	MEG	21d INTURY OCCUPRED 21a PLACE OF INTURY CATHONE FARM, STREET, FACTORY 1 214 LOCATION	N Street or R.F.D. No. Gity or Town	County State
	Prints his beginning	П	While Nat while \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	allow of fitter five	2000
	St Last	П	of work of work (1) (this bossital) attended the deserted from	10/ c= to V = 10/	& that////wal last
	Aft by St.	ш	220. I certify that (1) (this haspital) attended the deceased from can saw the deceased alive on 1968, and that	tar (my) (aur) aninian dentbaccurred on the date	, that (I) (we) last
	the defined the second		saw the deceased alive on 1968, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death	This (dot) applican deaps accorred an the date	and nuor und train me
	F E B S €		22b_SIGNATURE	22c DA	ATE SIGNED
	OR ATTENI be retained DIRECTOR: A 3e 3 shauld led with the		Milgard O Megors Wil DEGREE	ATTENDING MED MED STAFF DIRECTOR PHYS /-	-15-68
	AL D S P P P P P P P P P P P P P P P P P P		22d. PHYS CIAN'S 1 4 2 1 5 2 1 7 12	22e ADDRESS	2 1 2 1 12
	RAN PIT	П	NAME (Mype) Wifford D. Meyers M.	8323 Haddon Ur /a	Komalock huk
	Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I should be filled with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after	280	B_RIAL/CREMATION, 23h DATE 23c NAME OF CEMESFRY OR CREMA	AFOR 2 Grand 23d. LOCATION ((1x pr) 1844)	Mounty) State)
	E B S S S S	200	REMOVAL (Specify)		dea ho
	5 5 1	_	UNERAL DIRECTOR / // ADDRESS CT _ ADDRESS CT	250. RECID BY REGISTRAR 256. REGISTRARS SI	Montamen Md.
	VR A15 (4) 30M REV 1/68	10	MATINIAN STACORPROCES		
	25,77 (7, 00	11	WALLEY CON CONSTRUCTOR INCOME	DIZ DATE JAN 19 1988 VClia	relas Judge



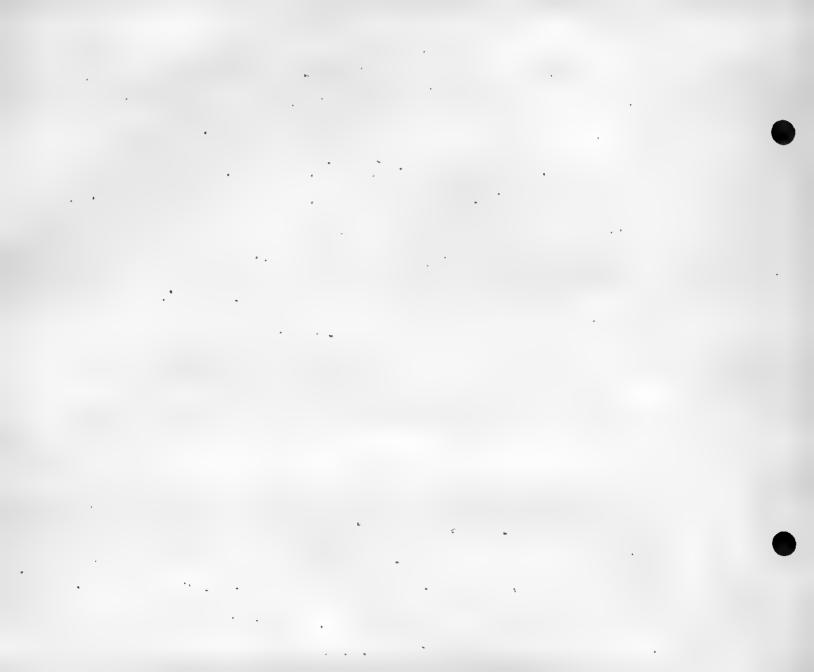
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1,28% 01293 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY b COUNTY Montgomery Maryland Montgomery MARYLAND b CITY OR TOWN (If autside corporate limits, CLIENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate mits, write RURAL and give nearest town) write RURAL and give nearest town) 31 years Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3815 Woodbine Street 3815 Woodbine Street YES NO X 3. NAME OF Middle 4 DATE Month Day DECEASED (Type or print) the ottending physicion and completi sit permit. Then please remove cor CEDERICK DEATH 6 COLOR OR RACE B DATE OF BIRTH IF UNDER I YEAR 7 MARRIED 9. AGE (In years NEVER MARRIED last birthday) Manths Feb. 6, 1900 Doys WIDOWED DIVORCED 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Michigan U. S. Attorney Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayol, Frederick J. Schmitt. Sr. Pauline Schellhamer IS WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Wife Address (Yes, ng, grunknown) (If yes give war ar dates of service Same as Item 2. Maude A.Schmitt Yes IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the buriol-tronsit is buriol, cremate PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove nse ta immediate cause (a), DUE TO stating the underlying cause as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 🔽 TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part It of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram_ march ton 1968, that (1) (we) last . 19 60 to Jan 2 1968, and that death accurred at 8:16PM, from causes and an the date stated above. saw the deceased alive an 22g. SIGNATURE DATE S GNED DIRECTOR M.D PHYS PHYS. 22c. PHYSICIAN'S .22d._ ADDRESS ROB ERT G. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230. BURIAL CREMATION (State) Burial (Specify) Acacia Park Cemetery 1-5-68 Birmingham, Michigan 2Sb REGISTRAR'S S GNATURE ADDRESS 2So, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland DATAN



4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		01294
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN DO Month	
· 5 5 0 0	(Type or Print) David Scull DEATH MATED Jor	7. 23 1965 1 1 5 M
deloy 13 a 3 ment	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n veors F JADER 1 VEAR 15 UNDER 24 MRS 20 DATE PRONOUNCED DEAD least baryodoy) MONETHS DAYS MOURS MAN MONTH Doy	Year O 125
	Male W 7/16/1917 50 YRS Jan 2	3 Year 1968 / 15 W
The last	70 BRTHPLACE (State or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 70 COUNTY OF DEATH WIDOWED DIVORCED 7	
ages ages th fo	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosoital 1/20 US.) ALL OCCUPATION (Kind of work done	124 KIND OF BUSINESS OR-
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	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Marshall Scull Comme	Q.C. lost
hin 24 ncil in niner's poges hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA. SECURITY NO. 17 INFORMANT ADDRESS.	ranch Pd
within pencil Examine File pag	(Yes, no, or unknown) (if yes give war or dojus of sequent) Wife - Elizabath Scall Silver	Spring, Md.
	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) ond (c))	APPROXIMATE INTERVA., BETWEEN ONSET AND DEATH
executed inding: in Medical E i permit. I	PART 1 DEATH WAS CAUSED BY- IMMEDIATE (ALSE (0) Coronary thrombosis, acute	Suddin.
d be executed d'pending" i Chief Medical fronsit permit.	4/0, 4 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove	Merica
ruld 5 rord " ne Chir al-tror	(b) Coronary arteriosclerosis (b) Coronary arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF	1
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e, writin forward e used o	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 217. HOW INJURY OCCURRED (Enter noture of in Jury in Port 1 or Port 2).	20. AUTOPSY?
	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter noture of in Jury in Port 1 or Port 2,	96
ER: T ertific out b ss hould on, ar	PRIMARY OR CONTRIBUTING HOUR AM CAUSE OF DEATH P.M. 19 2 d. N.JRY OCCLRRED 7 Le PLACE OF INJURY (At home form street 215 LOCATION Street or R.E.D. No. (dty or Town	·
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EXAMINER cute the cer image 4 should represent the ser rymur files in Page 3 should remation.	AT WORK AT WORK	
director. Paragraph of pure for buried for buried for buried for to buried in the buri	22a. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (
DIC 156 d ecto ecto ined ined RECI	death resulted from. Natural couses (C), Accident (I), Suicide (I), Hamicide (I), Undetermined manne	r 🛄
	ACTUAL SIGNATURE SIGNATURE AD ASSISTANT MEDICAL EXAMINER 22b DA 22b DA	TE SIGNED _ CO
	DEPUTY MEDICAL EXAMINER XI	m. 23, 1968
necessary, the funers 5 may be 10 FUNERA Beofth pr	NAME (Type) John Y. Ball ADDRESS(Street, city, town, or county)	
101 101 101	230 BJRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
Q.	Cremation Jan. 24 1968 Fort Lincoln Crematory Prince George (S SIGNAT DE
VR A15ME [5]	Warner E. Pumphrey Inc. Silver Spring Md DATE JAN 30 1958	iantes Judges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01293 CERTIFICATE OF DEATH 01235 DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOURA deoth. and (Type or print) Month 68 MINNIE SHEITELMAN 1:05 S DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years IF LINGER YEAR IF UNDER 24 HRS burial-tronsit permit. Then please remave corban popers. Pages 1 burial, cremation, or removal, and in ony event, within 72 hours ofter lost birthday) DAYS MONTHS HOURS Female White 1.-5-81 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED (ountry) and completely filled in Russia USA WIDOWED X7 DIVORCED [Montgomery INAME OF HOSPITAL OR INSTITUTION (LEnot in hospitol give street oddress) Univ. Nursing
Home 901 Arcola Ave. 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, eyen if retired.) INDUSTRY Wheaton, Md. Housewife 130 USUAL RESIDENCE (Where deceased fived, if institution: Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Waryland 7104 Adelphi Rd. YES NO Georges Hvatts. 14 FATHERS NAME Middle Errst Middle Lost IS MOTHER'S MAIDEN NAME First Bedsow Hyman Leah Gurewich 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 052-09-0636 Mr. Henry Sheitelman(Son) same as APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, flony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse(PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s for use as the b i Health prior to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year director, page 3 should be detached f should be filed with the State Dept. of (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive an 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (swr) apinian death occurred an the date and haur and from the causes stated above, (1) (well did) (diset) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Mote) 230 BUR AL, CREMATION, (County) EMDAYP(2BallA) 1-5-68 KingDavid Mem. Garden Falls Church. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) B. Danzansky & Sons 3501 14th St.N.W. 1968 DATEAN 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Jaddu DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01296 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) filled in by the funeral n popers. Pages 1 and Hain, 72 hours after deol 4. RACE S. DATE OF BIRTH IF UNDER " YEAR 3. SEX 6. AGE (In years IF JNDER 24 HRS by the Pages last birthday) MONTHS ! DAYS 70. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED (ountry) WIDOWED DIVORCED [the ottending physicion and completely filled sit permit. Then please remove carban pape NO CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTIBUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress). during most of working life, even if retired.) INDUSTRY burial, cremotion, or removal, and in ony event, with 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c. CITY OR TOWN 13d INSIDE CITY JMITS? 13e. STREET AND NUMBER odmission) 13b COUNTY YES TOP 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Margaret Middle Stephens John Owen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECHRITY NO. 17 INFORMANT Address same item 13 494-16-6292 Gilbert E. 5 indelar Yes pp, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) CETWEEN ONSET permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS signed by the buriol-transit p Conditions, if only, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, TO FUNERAL DIRECTOM: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The low CERTIFICATION LAS CONDITION FOR WHICH OPPRATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? NO [216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 ferm 18. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medico! exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (I) (#his hospital) attended the deceased from 19 and that in (my) (opinion deoth actured on the dore and hour and from the saw the deceased alive an causes stated abave, (I) (did) (a t) view the body ofter death. 225. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. PHYS PHYSICIAN S NAME (Type) 22e_ADDRESS 72d 23d LOCAT ON (City of Town) Silver Spring, 23o. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY Montg. Burial Gate of Heaven 1/6/68 24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home Pike. Rockville VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 71307 CERTIFICATE OF DEATH 01297 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) e. COUNTY o. STATE b. COUNTY montgomeru Count MARYLAND Columbia b CITY OR TOWN (1 Wiside corporate limits. ENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate timits, write RURAL and give negrest town) Foma d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS paper OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tuckerman St N.W Mashington Son tarium within / YES NO NAME OF carban Middle 4 DATE Month Inst Year DECEASED 19 68 (Type or pnnt) an DEATH IF UNDER 24 HRS IF UNDER 1 YEAR 6. COLOR OR RACI 7. MARRIFD AGE (In years ost birthdoy) Months Dovs ₩ours WIDOWED DIVORCED pup 100 US_AL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY House wife USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, Morris A Sade 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) ((If yes give wor or dates of service) 517-56-633 as abo 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).
PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stating the underlying couse been s the iar tal last. PART II OTHER_SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has 19 WAS AUTOPSY PERFORMED? me Clitus NO X 200 ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour To.m. foctory, street, office bldg. etc.) While Not While of work april . 1958 to 21 I certify that (1) (this hospital) attended the deceased from 2, 1908, that (I) (we) last 19 68, and that death accurred at 12:50 P. M. Ham couses and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an. tan. 1 226 SIGNATURE 226 DATE SIGNED law 1, 1968 M D DIRECTOR director, page should be filed 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23c NAME OF CEMPTERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City of Town) (County) **REMOVAL** (Specify) Hillside 250 REC D. BY REGISTRAR 256 REGISTRAR S VR A15 (4) 25M 1/67 hing to v 20010 DATE



y 1	Ft.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			1298
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month 1	Doy Yeor 2b HOUR
s b B	(Type or Print) JEFFREY FRANCIS SMITH DEATH MATED	26 1968 1
deloy in 3 to 3 t	3 5		Year 1968 9 P N
e po		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ite D		MD AMER. WIDOWED DIVORCED MONTGOMER	
Give Pages, lang with fair ith the State ath.	Z	AKOMA PACK WASH. SAN. Hosp. during most of working life, even if retired)	126 KIND OF BUSINESS OR NDUSTRY
haurs after death Item 18 Give Pages, Office along with fap I and 2 with the State after death.			DUER Rd
haurs Item 11 Office I and 2 after d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 nich in I niner's pages I hours	1/ -		SmiTH
w thin 24 pendi in xaminer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dores of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS HOSPITAL C. BALT	
xecuted withding in permit. File it within 72		IB CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ould be executed for "pending" in the Chief Medical E. al transit permit. F any event within		IMMEDIATE (Abse (o)	1
pency pency of M sit p		Conditions, if only which gove) Out To, OR AS A CONSEQUENCE OF Conditions, if only which gove) The importis	
d b		nse to immediate couse (a), (b)	
should be e ne ward "per to the Chief I burial transit		ast.	
the slata data		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	3
fical ling rded as as	2	47.2.X	
INER: This certificate should be executed within 24 haurs after death cert ficate, writing the ward "pending" in pencil in Item 18. Give Pagishould be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial transit permit. File pages Tand 2 with the Stadition, ar remayal, and in any event within 72 hours after death.	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
INER: This should be falled. 3 should be falled. 3 should be falled.	(8)	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Her HOUR A.M.	n 18.)
VER. cert houl houl les. shau tian	MEDICAL	CAUSE OF DEATH P.M. 19	
	2	21d INJURY OCCURRED WHILE AT WORK AT	County Stote
ICAL ES executor for Page ed far CTOR: Purial,		220 I certify that I took charge of the remains described above held on Autopsy . Inspection . Inquiry	
director. Petained fa		deoth resulted from: Notural couses 24, Accided Suicide , Hamicide , Undetermined monner	
please I director retaine.		ACTUAL CHIEF MEDICAL EXAMINER CONTROL DATES	lourb
ry, ple eral di be rett priar		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 120, DATE ST	I DO 1010
necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) BELDEN K, KEAP M. DADDRESS MANUAL TOTAL COUNTY)	161,1968
5 = - 5 ±	230	REMOVAL (Specify) Colmar Mapor Pro	(County) (State) Geo Md.
jo.	24.	FUNERAL DIRECTOR ADDRESS 250 REF PABY REGISTRARO 255 REGISTRARO	IGNATUSE LECE
VR ALSME (S)	3	F. Gasch's Sons Hyattsville, Md. DATE BY REGISTRAP 255 PERFECT PARTY OF THE PARTY O	



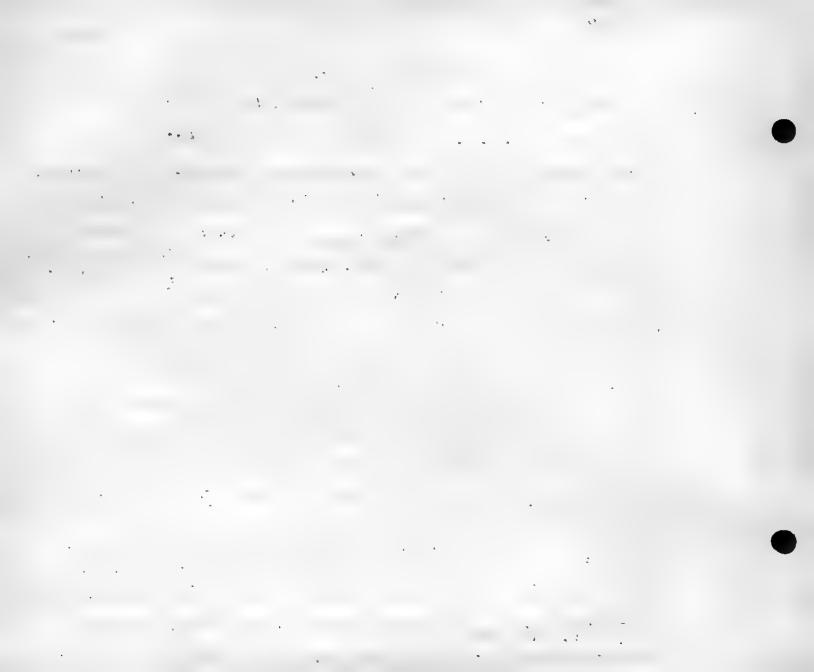
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01303 CERTIFICATE OF DEATH DECEASED-NAME First last 20 DATE OF DEATH 25. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month 18 Day Robert William Sohn January 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years DAYS last birthday) Male Cauc. 24 December 1967 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED DIVORCED Charleston S.C. USA WIDOWED | Page 4 may be retained by the haspital or attending physician.

• EUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress). Naval Hospital Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🗍 NO T N.Charleston 5717 Salvo Street IS MOTHER'S MAIDEN NAME First 14. FATHER S NAME First Middle Last Last SOHN Ralph W. Robbin Kelly 17 INFORMANT Charleston 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address S. C. Yesho, arunknown) N/A SN Ralph W. Sohn, USN, 5717 Salvo St. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART 1 DEATH WAS CAUSED BY.
Concenital BETWEEN ONSET AND DEATH Congenital Heart Disease -- transposition of the AS CAUSED BY.

IMMEDIATE CAUSE (a) great vessels DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? Jan. 17, 1968 Transposition gr. vessels YESKT NO 🖂 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County State While Not while at work 22a. I certify that (4) (this haspital) attended the deceased from Jan. 6 , 19.68 , to Jan. 18 , 1968 , that (1) (we) last saw the deceased alive an Jan. 18 , 1968 and that in (14) (aur) apinian death accurred an the date and haur and from the causes stated abave (we) (did) (state act) wiew the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED.
DIRECTOR STAFF PHYS. Jan. 19, 1967 DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Perry Ah-Tye, M. D. Naval Hospital, Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) 1-23-68 Jefferson Barracks Nat'l Cemetery, St. Louis, Missouri 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) I 4 HEA Funeral Home, 7557 Wisconsin Ave. Bethesda, Md DATEJAN 24 1968



	MARYLAND STATE DEPARTMENT OF HEALTH					
Action to the last of the last		71304	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
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# N - 77 =		CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
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	3. SE	X	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS
A CONTRACTOR		Gemale	White	March 12,	1877 last birthday) 90 YR	MONTHS DAYS HOURS MIN
3 3 3	7o. I	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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in 2 ille	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL		USUAL OCCUPATION (Kind of work don-	
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od v	130	USUAL RESIDENCE (Where deceosi	ad lived if institution, Peridence by	efore 13c CITY OR TOWN 13d INSID	E CITY L MITS? 13e. STREET AND NUMBER	
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e exe remo n any	14 [ATHER S NAME First	Middle L	ost IS MOTHER S MAIDEN NA	AME First Middle	Lost
be ar		Michae	,	Vardage	Margaret 14	rknown)
e death certificate E attending physician permit Then please an, ar remavat, and		WAS DECEASED EVER IN U.S. ARM		JRITY NO. 17 INFORMANT	Address Address	
hys of	L. T	es, no, or unknown) {II yes give w	ur or gores or service)	Dr. Murtle S	Spande Silver	recrest Circle
cer The p		18. CAUSE OF DEATH (Enter onl	γ one couse per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eth en		PART I DEATH WAS CAUSED	BY:	UNCARDIAL	JUTAKET	5 days
de de		† † †	TE CAUSE (o)			1
the of the other		Conditions, if any, which gave	DOE TO, OK AS A CONSEQUENCE	isecleratio (Ardiovas valar Dis	CPACO 30 Grass
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t sign by the property of the		stating the underlying couse lost.	(c)			/
equires that the physician. signed by the burial-transit burial, cremati		<u> </u>		BUT NOT RELATED TO THE TERMINAL DISEAS	F OR CONDITION GIVEN IN PART 1(a)	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haw etained by the hospital ar attending physician. CFOR: After this certificate has been signed by the attending physician and campletely filled in by shauld be detached for use as the burial-transit permit. Then please remaye carban papers in the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 hau		Con gest	us Treas	- Tailure	c occonomion or an in take ing	
law rending been s the iar to i	CERTIFICATION	190, DATE OF OPERATION 195,	CONDITION FOR WHICH OPERATION W	/ASPERFORMED 20a, AUTOPSY?	20b. IF YES WERE FUNDING	S CONSIDERED IN CERTIFYING
The I after has has se as the print in	SE SE				CAUSES OF DEATH?	a officement in outch tillo
er or te h	ERI	210. ACCIDENT WAS UNDERLYIN	G 215 TIME OF INJURY		(Enter noture of injury in Part 1 or Part)	2 Itam 181
YSICIAN: ospital ar certificate hed far u	3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy	Yeor	tener notice of might in roll to stoll	2, 110111 10 }
Spirit Sp	MEDI	(If either, notify medical examinated INJJRY OCCURRED 21e.	PLM. PLACE OF INITIDY AND HOME FARM STR	19 REET, FACTORY.) 21F LOCATION Street or R.F.	D. No. City or Town	County State
PH) e ho iis o tack		1101 111110	PLACE OF INJURY (AT HOME FARM, STR OFFICE BUILDING, EY	C Silver of Ka	D. No. City of Town	county
te de transfer		of work of work	a hannitell attanded the de	sound from 1707 , 31	1967 10 1417	10/0 S that /I) /www.lock
Affe be Sto		saw the deceased a	ive on	ceased from VC 3 (my) (au	a opinion death occurred on the	date and haur and from the
E LEN		couses stoted obove	, (I) (we) (did) (did not) view	the body ofter death.	,	
A S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	1 24.10	ATTEMPING -	MED STAFE 27	2c. DATE SIGNED
OR De r		George"	13 Haluele X	DEGREE PHYS		1-7-48
AI CON		22d. PHYSICIAN'S	PD.+il	22e. ADDRESS	9221 Colesvill	le Kd,
d by		NAME (Type) (TED	Age D. AUHIL	FINAMU SIL	ver spring	L MAS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss-Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in (by a director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pageshauld be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs.	230	BURIAL, CREMATION, 23b. 1	DATE 23c. NAN	NE OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5	19	REMOVAL (Specify)	n 10 1968 Sc	heie Lutheran Come	ton Mable Minn	204020
VR A15 (4)	14	FUNDAL PRESIDENC. G.	len Catter RURADI	DRESS ORGIA Avenue 250 R	EČ'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
30M REV. 1/68	W	arner E. Pumph	rey, Inc. Silve	Soving Md DATA	AN 10 1968 PCLIS	was Juppe



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01301 CERTIFICATE OF DEATH I DECEASED NAME First Middle Lost 20. DATE OF OEATH 2b. HOUR hours after death (Type or print) Month Rehe Florence Spencer 1968 SETTIMBER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF HINDER 24 HRS lost birthday) MONTHS DAYS HOURS 4/3/1888 YRS 79 Famale Caus. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED | NEVER MARRIED country) WIDOWED X DIVORCED [Montgomery 24 Avendale, Penna remaye carbon pape ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within during most of working life, even if retired)
Government Employee give street oddress INDUSTRY Uheaton campletély Jniversity Nurino Home II.S. Govern. signed by the attending physician and camplete burial-transit permit. Then please remave carb burial, crematian, or remaval, and in any event. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 134 INSIDE CITY LIMITS? 13B STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES 📉 NO 🗆 14007 Eacle Court Rackville 14. FATHER'S NAME Middle First Lost IS MOTHER'S MAIDEN NAME First Browning Thomas Roach Anne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give wor or dates of service) Ν'n APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t rise to immediate couse (o). DUE TO, OR AS A/CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) far use as the t Page 4 may be retained by the haspital ar attending to **EUNERAL DIRECTOR:** After this certificate has been significant, page 3 should be detached far use as the 1 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? **CAUSES OF DEATH?** YES [NO 🔲 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year af. (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.O. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County OFFICE BUILDING FTC While Not while of work ot work 1960, 10 JAN 22a. I certify that (IP(this haspital) attended the deceased from. 65, that (1) JAN ___1955, and that in (my) (our) apinian death accurred on the date and have and fram the saw the deceased alive an 3 shauld by with the 5 causes stated abave, (1) (we) (aid) (did nat) view the bady after death 225-SIGNATURE 22c DATE SIGNED ATTENDING directar, page 3 should be filed PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22g. ADDRESS NAME (Type) Benjamin S. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (Stote) 230 BUR AL CREMATION. (County) REMOVAL (Specify) Parklawn Cemetery Rockville Manuland 24 FUNERALI DIRECTOR TOX 250 REC'D BY REGISTRAR VR A15 [4)" Charles DATEFER 1968 30M REV 1/68 Inc immhreu.

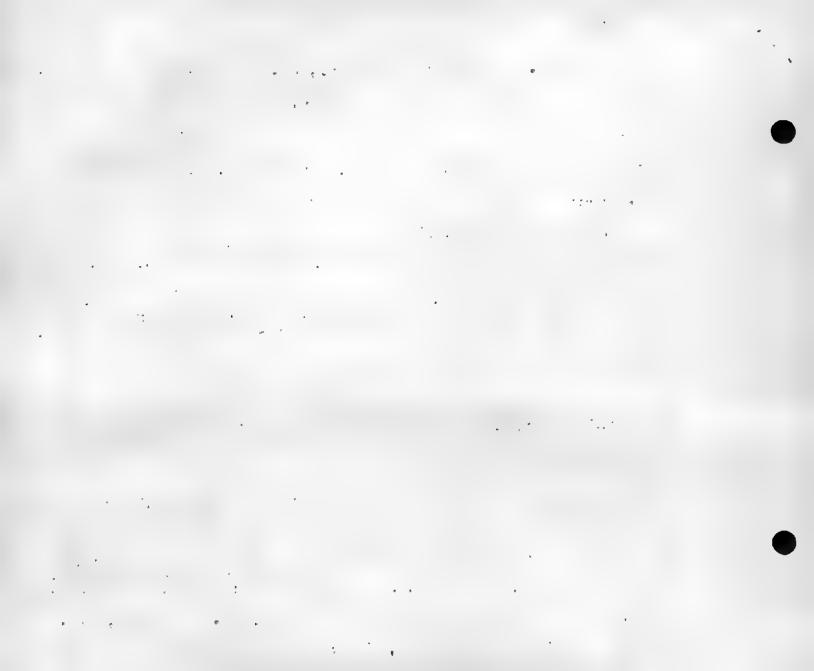
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The lame of the state department of Health 11-25-68 mt division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201					
FOR STATE 🚙	1	MEDICAL EXAMINER'S CERTI		01302	
HEALTH DEPT		EASED NAME First Middle		ATE KNOWN Manth Day Yeor 2b. HOUR	
Page 13	3 5	KAYMOND A.		OF ESTI- ATH MATED Jan. 7 1968 M ATE PRONOUNCED DEAD 2d HOUR	
ny delay is 2, and 3 to PM3. Page		NALE WHITE 11-23-21 46 YRS MONTH	44.0	Month / Day 7 Year 1968 9 29	
	7a cour	RTHPLACE (State or foreign 76 CIT-ZEN OF WHAT COUNTRY? 8.	NEVER MARRIED 9. COUNTY O		
farr farr		MIDOWED [DIVORCED MON	TGOMERY Md.	
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files 3 should be used as a burial-transit permit. File pages I and 2 with the State Deation; ar remayal, and in any event within 72 hours after death.		TY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INST TUTION (If no give street address) WASH. SAN. 440		ON (Kind of work done 2b KIND OF BUSINESS OR INDUSTRY	
ffer 6 vg ang inh th	130	SUAL RESIDENCE (Where deceased lived, if institution. Residence before JSc. CITY OR TO	IWN 13d MSIDE CTY LIMITS? 13e. S	TREET AND NUMBER	
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item item office	14. 5	THER'S NAME Fight Middle & Clast IS M	OTHER'S MA DEN DAME FIRST	Middle Lost	
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within a pencil Examine File pag	()	s, na, or unknown) (II yes give war okdens of service) 173-16-7/20 (Kg)	bert Skhar KT	Dr/ Senera, Pa	
auld be executed with ward "pending" in perhe Chief Medical Example Langil File famsit permit File fany event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:		APPEOX MATE INTERVAL BETWEEN ONSET AND DEATH	
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This certificate shauld be executed icate, writing the ward "pending" in be farwarded to the Chief Medical Is be used as a burjal-transit permit is remayal, and in fany event within	CERT FIC	WAS PERFORMED?	THE PROPERTY OF CHAPTER AS	YES NO 🗆	
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ICAL EXAMINER: Execute the cert for. Page 4 should ed for your files CTOR: Page 3 shou		WHILE NOT WHILE factory, affice building, etc.)			
y, please executed director. Page to the form of the f		220. I certify that I took charge of the remains described above, held			
olease e directar etained DIRECTOR		death resulted from Noturor couses . Accident . Suic	chief Medical examiner	ndétermined monner 🔲	
JIY Please e eral directar be retained RAL DIRECT priar to bu		ACTUAL SIGNATURE SIGNATURE A CRASS	M_DASSISTANT MEDICAL EXAMINER	22b DATE SIGNED	
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S BOLOGILLO DILLO	DEPUTY MEDICAL EXAM NER	X JAN. 8. 1968	
TO DEPUT) necessary, the funero 5 may be TO FUNERA Health pr	230	NAME (Type) 2 BURIA, CREMATION, 23b DATE 23c NAME OF CEMETRAY OF CR	THE CONTRACTOR	TION (City or Town) (Caunty) (State)	
F F		REMOVAL Speedy) 1/16/68 County Burial		ille, Lontg., l'd.	
VR ATSME (5)	24 Cy	on Theeler Funer 1 Home = 1331 Rockville	Pike DAJAN 18 18	368 250 REGETRAR'S GNAP RE	



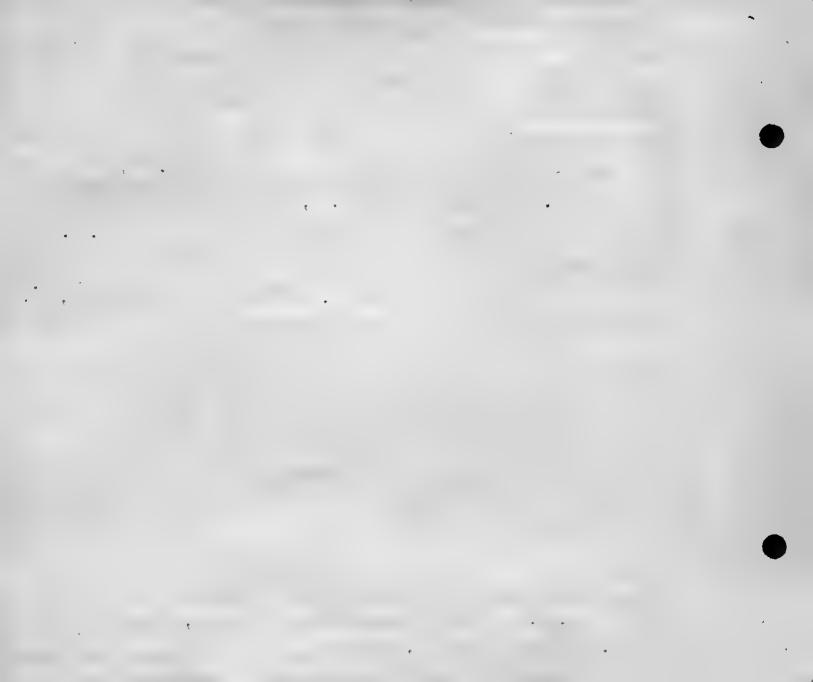
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31304 CERTIFICATE OF DEATH 01303 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (fring ap sqvF) Month Year Thomas Love11 Squire, Jr. 1968 January 4. RACE S DATE OF BIRTH 3. SEX 6. AGE (In years last birthday) requires that the death certificate be executed within 24 haurs after MONTHS DAYS HOLIRS White Male 18 March 1916 7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED New York papers nin 72 h USA WIDOWED [DIVORCED [Montgomery and completely filled remave carban pape Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban page shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 30 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
The Clinical during most of working life, even if retired.)
Administ. Manager INDUSTRY Bethesda Center, NIH Chemical 13a USUAL RESIDENCE (Where deceased lived if institution, Residence before 133c CITY OR TOWN 13d NSIDE CITY LHAITS? 13e STREET AND NUMBER 13b. COUNTY YES NO 151 Thackeray Drive West Millington New Jersey 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Squire Thomas Jessie Corwin 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Record Yes, na, or unknawn) 077-16-6826 The Clinical Center, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH 2 hours DUE TO, OR AS A CONSEQUENCE OF Rheumatic Heart Disease with Aortic 10 Years Canditions, if any, which gave (b) Insufficiency and Atherosclerotic Coronay Artery Disease. rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING with Aortic Insufficiency YES KI CAUSES OF DEATH? NO [11 Jan, 1968 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21F LOCATION Street of R.F.D. No. City or Town County State While Nat while at wark 22a. I **certify** that (1) (this hospital) attended the deceased from <u>January 7</u>, 19<u>68</u>, to <u>January 11</u>, 19<u>68</u>, that (we) lost saw the deceased alive an <u>January 11</u>, 19<u>68</u> and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (dicknot) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR STAFF PHYS 11 January 1968 22e. ADDRESS The Clinical Center, National 22d PHYSICIAN S NAME (Type) Willis H. Williams, M.D. Institutes of Health, Bethesda, Md. 20014 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE 23a BURIAL, CREMATION, Bull May AL (Pecify) 1-13-68 BY Somerset Hill Cem. Basking Ridge, N.J. 25b. REG STRAR S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland DAN 15 1968 30M REV 1/68

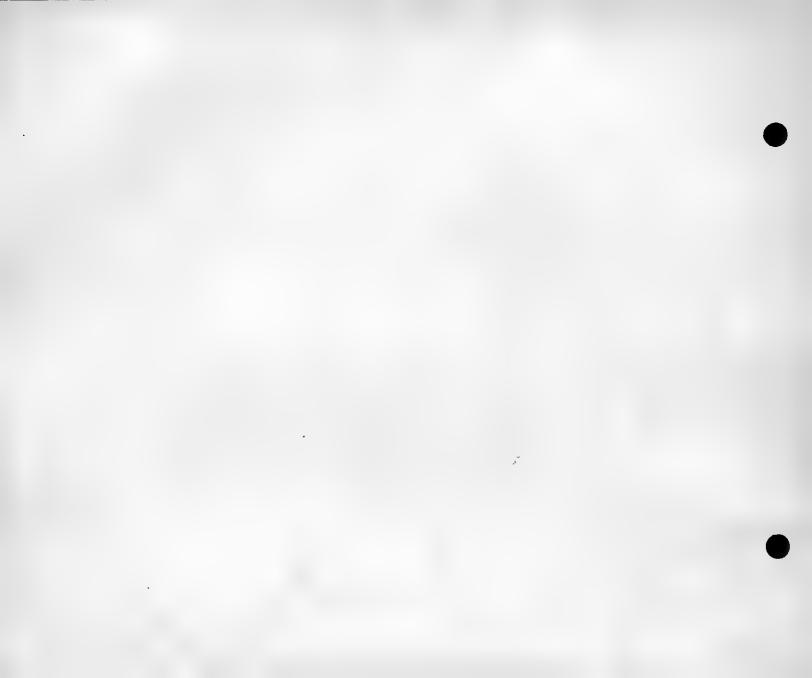


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01308 CERTIFICATE OF DEATH 0130a1. DECEASED NAME M ddle 2b. HOUR TO death 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) OUISE Α. 0:30 M Jan 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IE LINDER 24 HRS White MONTHS DAYS HOURS Female 1879 Dec. 3. 88 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Montgomery U. S. WIDOWED | DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Suburban Hosp. during most of working life, even if retired)
Homemaker INDUSTRY Bethesda 13a USUAL RES DENCE (Where deceased fived, if institution. Residence before 13e STREET AND NUMBER 5516 Cedar Parkway YES 🔂 NO Chase Montgomerv 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last Colin Ferguson Stam Annie Roberts 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO 17. INFORMANI Sister Address Yes, na, ar unknown) R.Stam Item 13. Same as buriol, cremotion, or removal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (q)/(b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave) nse ta 'mmed ate cause (a), DUE TO, OR AS A CONSEQUEN stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been far use os t Health prior 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO T YES T TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d INJURY OCCURRED While Notwinds 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION "Street of R.F.D. No. City or Town County State at work at wark 22a. I certify that (I) (this heapital) attended the deceased from saw the deceased alive an 1965, and that in (my) (out) appeal and accurred an the date and haur and fram the causes stated above, (1) (out) (did not) view the bady after death. saw the deceased alive an ... 22b. SIGNATI ATTENDING DIRECTOR PHYSICIAN'S NAME I VID 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) Rock Creek Cemetery Washington, 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR VR A15 (4) 30M REV 1/68 PUMPHREY, Bethesda, Md. DATUAN





1	MARYLAND STATE DEPARTMENT OF HEALTH OF A STATE DEVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	CERTIFICATI		01306	
funeral and and free death.	1 PLACE OF DEATH G. COUNTY MONTGOMERY MARYLAND	O. STATE MARYLAND	d, if institution Residence before admission) b. COUNTY Montg.	
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executed within 24 hours ofter death and campletely filled in by the funeral emove corbon papers. Fager and 2 ony event, within 72 bours after death	3 NAME OF DECEASED (Type or point) MAMINE L. S- S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED		Month Day Year An u ary 9, 19 68 (In years IF UNDER I YEAR OF UNDER 24 HRS. burthday) Months Days Hours Man	
that the death certificate be executed with on. by the ottending physicion and campletely fronsit permit. Then please remove corbon cremation, or removal, ond in ony event, wit	The SUAL OCCUPATION (Give kind of work done during not of working life, even if retired) TO USE WITE 13. FATHER'S NAME	A 4 9 20, 1892 75 It BIRTHPLACE (County & State, or foreign co	YES	
he death certii e ottending phy permit. Then ion, or removc	WILLS ISREAL 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO.	Alice Howe WFORMANT FIS ISREAL- III	Frederick Auc. He. Md.	
equires physici signed burial- burial,	1109 DUE TO	Presen (!) Front o	lead, Interval Between Uniter Angeltath green Angeltath green Separate Sepa	
IAN: tor or ficore for u	PART II OTHER'S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TOUR STANDARD TO DEATH BUT NOT RELATED TO 2Do ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW IN.JR. OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSED TO THE PROPERTY MEDICAL PROPERTY CONTRIBUTION COURSED TO THE PROPERTY MEDICAL PROPERTY CONTRIBUTION	THE TERMINAL DISEASE CONDITION GIVEN IN P	YES NO	
he h	20c TIME OF IN.JRY Month, Doy, Yeor Hour arm 19 Otwork of While of Work of Wor	ACE OF NJURY (Home, form ctory, street, office b dg , etc.)	or town) (County) (State)	
O HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After to director, page 3 should be de should be filed with the State	220 SIGNATURE	ATTENDING AMED	n causes and an the date stated abave	
O HOSPITAL O Page 4 may be O FUNERAL DII director, page should be filed	22c PHYSICIAN'S NAME (Type) WAT A-LINT / CUITT	10 S Wordhang	(City or Town) (County) (Stote),	
01 02 02 04 07 07 07 07 07 07 07 07 07 07 07 07 07	Brimoval Specify L. JAN. 13 1968 Lincoln + 27 EUNERA DIRECTOR Suonden Kockville,	Md. 250 JAN 18 196	8 250 PEOLEAN DENAME OF	



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR signed by the attending physician and completely filled in by the Funeral burial-transit permit. Then please remave carbon papers. Pages I and S burial, crematian, ar removal, and in any event, within 72 haurs after death January Month 30 Doy 68 Year (Type or print) John STETSON Bradford 9:15R 6. AGE (In years last by shooy) 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS HOURS Caucasion 28 OCT 1921 Male requires that the death certificate be executed within 24 haurs 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED THE NEVER MARRIED country) Pennsylvania United States Montgomery County WIDOWED | D VORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) during most of washing life, even if retired) Bethesda Naval Hospital 13d USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d (ITY OR TOWN and ITS) and ITS (ITY OR TOWN ATTENTION Beach 13b, INSIDE COUNTY 136. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Florida NO 1705 OCEAN BLVD. 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Bradford STETSON Melvina URBAN 16b. SOCIAL SECURITY NO. 17 INFORMANT Addres Beach. Florida 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, nevor unknown) Nancy M. STETSON 1705 Ocean Blvd. Atlantic 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY Leiomyosarcoma retroperitoneum BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES No 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M 21d IN-JURY OCCURRED 21e. PLACE OF INJURY (AF HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 20 NOV , 19.67, to 30 JAN , 19.68, that (2) (we) last saw the deceased alive on 30 JAN 19.68 and that in (00) (our) opinion death occurred on the date and hour and from the causes stated abave (1) (we) (did) (did Not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED, DIRECTOR STAFF PHYS. 51 Jan.1908 DEGREE 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Navai Hospital, Bethesda, Md. FOUTY M. D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE 23a. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Arlington National 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG Falls Church Funera 100 Home Broad St., Falls Church, Va. 24. FUNERAL DIRECTOR VR A15 (4) DATEB Ocharley 30M REV 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 71312 CERTIFICATE OF DEATH 01308 M'ddie DECEASED NAME First Last 2o. DATE OF DEATH 2b. HOUR deam. funeral bural-tronsit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar removal, and in any event, within 72 hours after deat (Type or print) -Month 40 JAN. LUDY 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF UNDER YEAR IE UNDER 24 HRS requires that the death certificate be executed within 24 hours after in by the Pages ast birthday) MONTHS DAYS white 7=m4/7 YRS. 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED 451 WIDOWED X DIVORCED [and campletely filled 10. CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION PRINT of work dope 126 KIND OF BUSINESS OR give street address) duning most of working life, even if retired.) INDUSTRY the attending physician and campletely t sit permit. Then please remave carban ousewite 130 USJAL RESIDENCE (Where deceased lived if institution: Residence before 13e. STREET AND NUMBER 136. COUNTY YES 🗔 NO [14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Lost lobiN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, go, at unknown) Schulantsville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY hrs. m 40 cardin IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF thrombosis signed by the burial-tronsit p Conditions, if any, which gave) ordham rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been s rombosis director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES 🔀 NO [director, page 3 should be detached for us 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 210. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Dec 34, 1967, to 5an 11, 1968 saw the deceased alive an 12 and 11 and 1968, and that in (my) (earl apinian death accurred on the date a and that in (my) (ear) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE 22d. PHYSICIAN'S NAME (Type) 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (Caunty) (Stote) Philadelphia, Penna. Ive Hill Cemetery 1-13-68 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) PUMPHREY, Bethesda, Maryland 30M REV, 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01314 01310 CERTIFICATE OF DEATH Middle Last DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF WHOER 24 HRS. last birthday) MONTHS 1 DAYS Male March 1010 7a BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [7] NEVER MARRIED WIDOWED [DIVORCED [Montagnery 12g. USUA: OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) dusing most of warking life, even if retired) Opring Conditioning Engr. carbo 13a. USUAL RES DENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER in any event, 136. COUNTY Montgomery STATEMaryland 11802 Claridge Road remave IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Francis Davis 16b SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Larlde Yes no or unknown) Wheaton APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per lune, for (a), (b), and (c), BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (c) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave burial-transit rise to Immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar ta b Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🖂 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. State City or Town County While Not white at work 22a | certify that (1) (this Hospital) attended the deceased fram 15 | 5 | 1967, to 10 | 1968, that (1) (My) ast saw the deceased alive an 3 | 1969, and that in (my) (My) appinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dobridge Michael 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Heaven Cemetery 25a REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 DATEJAN DILLIER DOMANG



MARYLAND STATE DEPARTMENT OF HEALTH 51315 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01311 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR hours after death (Type or print) Month 4 RACE IF LINDER YEAR S. DATE OF BIRTH 6. AGE (In veors by This Pages MONTHS ! DAYS HOURS 6 2-22-24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED papers. hin 72 ho 6 country) / WIDOWED | DIVORCED ontgomery campletely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired) please remove carbon Whea ton 13e STREET AND NUMBER 130 USUAL RESIDENCE, (Where deceased lived, if institution, Residence before 113c CITY OR TOWN) Tail INSIDE CITY JIMITS? admission) STATE 13b COUNTY 4656 GARFIELD ST YES 5 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First M.ddle Last Julius STOCKER EGINA priar ta burial, crematian, ar remayal, and 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (.f yes give wat or dates of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per time / (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendii burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detached for use should be filed with the State Dept. of Health TO FUNERAL DIRECTOR: After this certificate 212 HOW INJURY OCCURRED . (Enter nature of injury in Part) or Bort 2. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medico exominer) (AT HOME FARM, STREET FACTORY) 21d INJURY OCCURRED 21 LOCATION Street or R.F.D. 22a | certify that (1) (this haspital) attended the deceased from_ 162 D, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. couses stoted above, (17) (we) (did) (did not) view the body after death 22b SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d PHYSICIAN'S NAME (Type) 230 BUR AL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) REMOVAL Specify 5/30 COPORESSONS IN DU MU 250. REC'D BY REGISTRAR EMMERAL DIRECTOR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01312 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b HOUR (Type or print) Month, 30 ARRY oftervo 3. SEX V4. RACE S DATE OF SIRTH 6 AGE (In years F JNDER | YEAR IF UNDER 24 HRS. lost birthday) HOURS MONTHS DAYS YRS. burial-transit permit. Then please remave carban papers. Rag burial, crematian, ar remaval, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign MARRIED P NEVER MARRIED country) .Ξ DIVORCED WIDOWED monteamer completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION Alkind of work dome 12b KIND OF BUSINESS OR give street oddress INDUSTRY during_most of working life, even if retired.) 2uburban 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13b. COUNTY YES 😿 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle and attending physician sermit. Then please 160. WAS DECEASED EVER IN L SARMED FORCES?
Yes, no. of unknown) (II yes give wer or dates of service) 16b. SOCIAL SECURITY NO INFORMANT Address Yes, no, or unknown) army APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one-couse per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY [MMEDIATE CAUSE (o) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove) rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) aftended the deceased from... saw the deceased glive on. and that in (my) (our) opinian death occurred an the date and hour and fram the couses stated above (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED DIRECTOR DEGREE PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) REMOVAL (Specify) 0 2So. REC'D 24. FUNERAL DIRECTOR 30M REV, 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01313DECEASED NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR 24 haurs after death. (Type or print) Month 26 THELIS B . STUART Jan. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS lost birthdoy) DAYS HOURS Female White Dec. 12, 1909 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Montgomery Virginia 10. CITY OR TOWN OF DEATH U. S. DIVORCED [7] WIDOWED R 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
7803 Guster Road during most of working life, even if retired) School Bethesda carban physician and campletely empleasm remave carban 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER ISH INSIDE CITY LIMITS? 13b COUNTY Montgomery YES 👽 7803 Custer Road Bethesda 15. MOTHER S MAIDEN NAME First Middle 14. FATHER'S NAME Last J. W. Bowden Lucie Courtney 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address 808 Law Rd Yes, no, or unknown) (If yes give war or dates of service) Zolly Bowden 219-36-7644 Fayetteville, N.C. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) CARCINOMA STOMACH 6 HONTIK DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) SHOWTHS LIVER METASTASES rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO DO 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 1963, 19, tages, that (I) (we) last saw the deceased alive an 1955 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 1-26-68 DEGREE PHYS director, page shauld be filed Washington Clinic 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Washington, D. C. 23d. LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BUR AL, CREMATION, REMOVAL (specify) 1-29-68 Parklawn Cemeterv Rockville Maryland
GISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland 250 REC'D BY REGISTRAR VR A15 (4) i'warely



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01314 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Victor SWEARINGEN C. Manth January 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. last birthday) Male Caucasian 1 June 1899 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED 🖾 NEVER MARRIED country) filled in Montgomery DIVORCED [Kentucky USA WIDOWED cremation, or removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Bethesda Naval Hospital

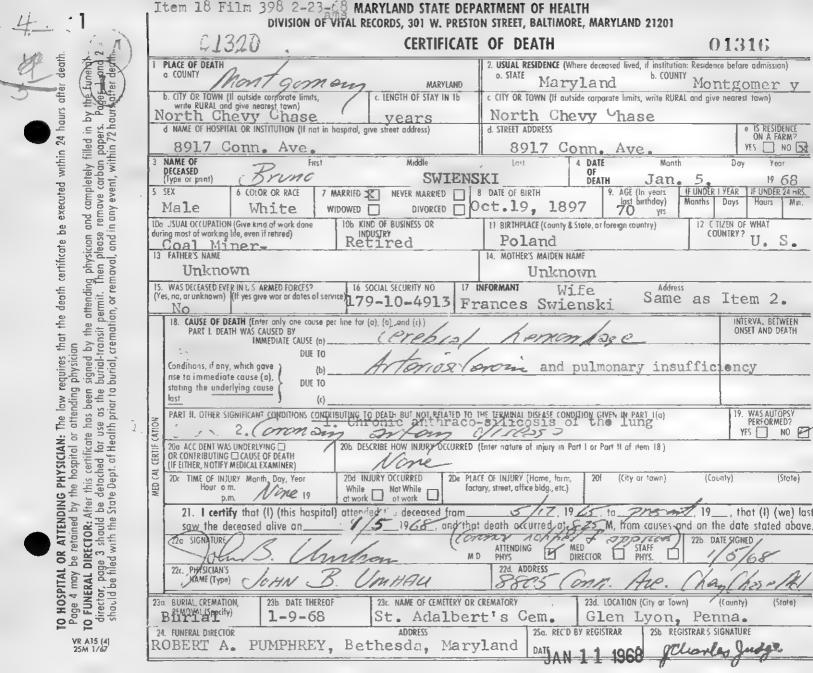
130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 113c. CITY OR TOWN 38 INSIDE CITY L MUTS? 13e, STREET AND NUMBER admission) STATE 135 COU District of Columbia 6436 Barnaby Street Washington 14 FATHER S NAME First IS MOTHER'S MAIDEN NAME First Leng Hubble Charles C. Swearingen N.W. Washington 16a. WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL SECURITY NO Mrs. Beth Swearingen, 6436 Barnaby Street. Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congesti BETWEEN DISET AND DEATH congestive heart DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse @ anteriusclerotic PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO | 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Tawn County State While Nat while at work 22a. I **certify** that (\$) (this haspital) attended the deceased from Dec. 26 , 1%7 , ta Jan. 15 , 19 68 , that \$) (we) last saw the deceased alive an Jan. 15 , 19 68 , and that in (1995) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (ded not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** Jan. 16. 1968 DEGREE DIRECTOR Naval Hospital, Bethesda, Md. James L. Snyder, M.D. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR AL CREMATION (Stote) (County) REMOVAL (Specify) Arlington National Virginia Arlington Jos. Gawler & Sons ADDRESS VR A15 (4) 30M REV. 1/68 5130 Wisconsin Ave., N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH



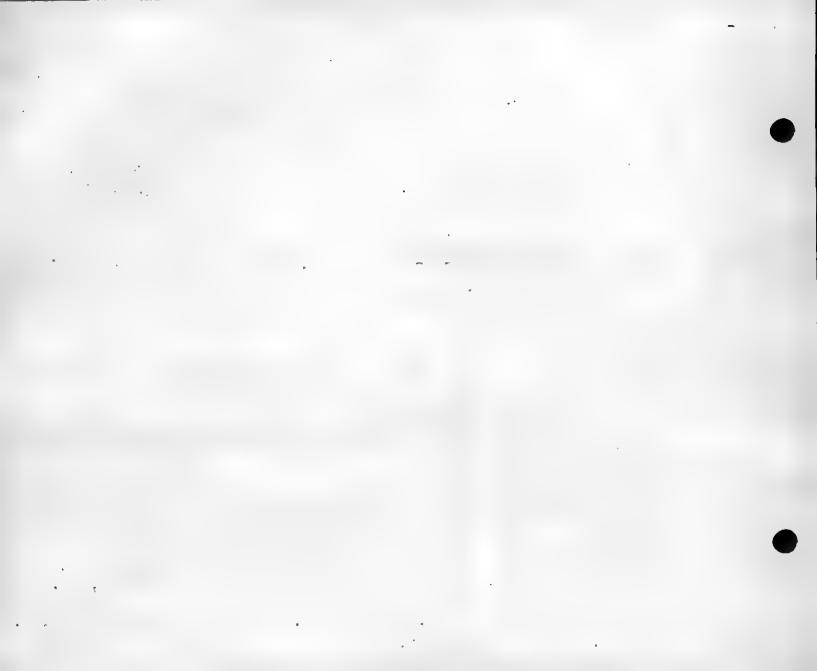
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		Item 6 Film G396	VISION OF VITAL RECORDS, 5 1/18/68 kk (TE OF DEATH	MURE, MARTLAND 21201	01315
e Night	1.0	ECEASED NAME First	Middle		Last	2o. DATE OF DEATH	2b. HOUR
de d		ype or print) ELIZABE		SV	/EENEY	Month Do	
s after death the funeral	3 SE	XFEMALE 4.	RACE WHITE	\$.	DATE OF BIRTH	6 AGE (In years ast burthday) 83 82 YRS.	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
4 hours 1 in by t eers. Por		at mark	CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED WIDOWED	HEYER MARKIED	O. COUNTY OF DEATH MONTGOMERY	Md
vithin 2		TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		TTAT, during ma	L OCCUPATION (Kind of work done st af warking life, even if retired) OUSEWTEE	126 KIND OF BUSINESS OR INDUSTRY
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.		18. CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY IMMEDIATE CA	AUSE (0) Caralle	ovasa	ular e	Maple	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LIMINAL
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quiri phys signe buria		PART 2. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART I(a)	
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attend attend hos be use as the prior	CERTIFICATION		DITION FOR WHICH OPERATION WAS PE		20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
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3 PHYS the has this ce detache e Dept.		at work at work	CE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		ION Street or R.F.D. Na.	City or Town	County State
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OR ATT be retain URECTOI e 3 shou		22b SIGNATURE	Eli remantraut	DEGREE			DATE SIGNED
PITAL I may ERAL C Dr, pag d be fill		22d. PHYSICIAN S NAIME (Type) Wilfred	R. Ehrmantraut,	M.D.	22e ADDRESS 11125 Roc	kville Pike, Roo	20852 Ekville, Md.
O HOS Page O FUN Shoul	230.	BURIAL, CREMATION, 23b DATE REMOVAL (Specify) JAN		CEMETERY OR CR	MATORY	23d. LOCATION (City or Town) PITTSFIELD	(County) (State) MASS
VR A15 (4) 30M REV 1/68			GAWLER SONS ADDRESS		250. REC'D BY	REGISTRAR 25b REGISTRAR	







1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01317
HEALTH DEPT.		DECEASED-NAME Type or Print) John - Mode Switzer - Switzer - DEATH MATED & JOH,	6.0
y delay ond 3 PM3. P	3 5		Year 1988 373 M
		BIRTHPLACE (Store or foreign 76 CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH MITTY) TENDS OF WHAT COUNTRY? WIDOWED DIVORCED MONTH 9017	/ 1010
hours offer death Office olong with form 1 and 2 with tille State Death		TIV OR TOWN OF DEATH II NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of work in the even is settled). It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled. It is not to be a subject to the even is settled.	INDUSTRY
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CAL EX tor. Pog ed for y CTOR: P buriol,		220 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner	, , ,
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Y. Y. Pari		TOTAL C DATT	18,1968.
TO DEPU	230	BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
H	24	REMOVAL (Specify) Burial 1-11-68 Ft. Lincoln Cem. Prince George FUNERAL DIRECTOR ADDRESS A	County, Md.
VR A15ME (5,		FUNERAL DIRECTOR BERT A. PUMPHREY, Bethesda, Maryland DATE JAN 12 1968	res Judge



		MARYLAND STATE DEPARTMENT OF HEALTH				
		DIVIS	ION OF VITAL RECORDS, 301 \		MORE, MARYLAND 21201	
		11327	CERT	FICATE OF DEATH		01318
≠ → <u>~</u> ≠		CEASED-NAME First	Middle	lost	20. DATE OF DEATH	2b. HOUR
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- T - T - T - T - T - T - T - T - T - T			EN OF WHAT COUNTRY? 8 MAR	RIED MEVER MARRIED	OUNTY OF DEATH	
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t Alexandra Alex	To	Koma Park	Washington Sai	ntarium Mu	st of working ite, even if retired.)	orchestra.
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low reinding been is the rier to	ATIO	190. DATE OF OPERATION 196 CONDITIO	N FOR WHICH OPERATION WAS PERFORME	D 200 AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The offer has se as	CERTAFICATION			YES NO TY	CAUSES OF DEATH?	
or or use				To HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 1B.)
YSICIAN: ospital or certificate hed for u	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	DUR A.M. Month Doy Yeor P.M. 19			
YSI ceri the c	N N	21d. INJURY OCCURRED 21e. PLACE O	F INJURY (AT HOME, FARM, STREET, FACTORY.)	PAF LOCATION Street or R.F.D. No.	City or Town	County State
ING PHYSICIAN: by the hospital or ffer this certificate be deflached for u Stote Dept. of Heol	ı	While Not while of work	COPPLE BUILDING ETC.			
ATENDING Projined by the CTOR: After 1 should be dirith the Stote		22a. I certify that (I) (this hasp saw the deceased alive on	ital) attended the deceased fra	n_12/29_,196	7, ta 1/3 , 19	68, that (I) (we) last
A P A F A F A F A F A F A F A F A F A F	1	saw the deceased alive on	1965	, and that in (my) (our) apir	nian death accurred an the d	ate and havr and from the
ain a din t			re) (did) (did nat) view the bady o	tter death.		DATE CIONED
A Pret ret with with with with with with with wit		22b. SIGNATURE	enooh Cruso	DEGREE PHYS.	ED STAFF	DATE SIGNED
Dig e e e e e e e e e e e e e e e e e e e	Н	22d PHYSICIAN'S	neen corre	22e, ADDRESS	RECTOR L PHYS. L	1/4/68
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 for may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon papers should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72	220	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETER		23d LOCATION (City of Town)	(County) (State)
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VR A15 (4) 30M REV 1/68		FE FUNERAL	HOME 3004	JAN DATE	8 1968 Julia	was Judge
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*		OTOPO	DIVISION OF VITAL RECORDS			TIMORE, MARY			
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ate iciai leas anc		WAS DECEASED EVER IN U.S. ARN	IED FORCES? 16b SOCIAL SECURITY	NO. 17. INFO	ORMANT		Address	E.R.B.	
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se death cei attending p permit. The		PART I. DEATH WAS CAUSED	BY.	eardi	tis			DETHER ORSEL A	ID DEATH
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dar dar		21g. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	G 21b TIME OF INJURY HOUR A.M. Month Day Yea	21c. HOW	INJURY OCCURRED (Ent	er nature of injury	in Port 1 or Part 2, 1	tem 18.)	
PHYSICIA he haspitat this certific etached fo	MEDICAL	(If either, natify medical examin	ner) PM	19					
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ed Signature		saw the deceased a	ive an	19 <u>C. D.</u> , and t	pat in (mh) (ant) at	pinian death do	curred on the da	te and havr and	tram the
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Page B		22d. PHYSICIAN'S		DEGREE	PHYS. L	DIKECIOK -	PHYS.	7 4 7 7	- 0
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5-5	24	FUNDENTAL PURECTOR C SALE	Ign. 20, 1968 Rock	(reek	Cemetery	BY REGISTRAR	ington D.(SICHATURE	
VR A15 (4) 30M REV, 1/68		Clark	E. Wisor Silver	Spring,	Md. DATE JA	N 2 3 19		ala Cada	P
JOHN KEY, 1/08	1 (1)	Truex E. Pumph	rou Inn RHZH GOI	Anna His	DATE JA	17 6 0 101	JU A	The state of the s	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31324 CERTIFICATE OF DEATH 01320 after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY a n. STATE & b. COUNTY MARYLAND CLENGTH OF STAY IN 15 c CITY OR TOWN (If guts de carporate limits, write RURAL and give negrest town) b CITY OR TOWN of autside carparate limits write RURAL and give nearest town requires that the death certificate be executed within 24 haurs Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM 907 Lamberton Drive delph Hills Randolph N.H-4611 YES NO DO and in any event, within carban NAME OF 4. DATE Month Year Last Dov DECEASED OF DEATH January 14, 1968 (Type or print) IF UNDER LYEAR | IF UNDER 24 HRS SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remove last pirthday) Manths Days Hauss remale WHITE June 1, 1886 WIDOWED C DIVORCED and 11 BIRTHPLACE (County & State or foreign country) 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician a during most of working life, even if retired) Tailor U.S.A. Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Shmuel Pinhas Rose Corsicas signed by the attending signed by the attending land 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unknown) (If yes give wor ar dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 226-44-9019-A Mrs. Frieda King 8201 - 16th Street burial, crematian, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY: ARTERIOSCIEROSIS IMMEDIATE CAUSE (a) DUE TO 12ed AThero sclerosis Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been be detached far use as the State Dept. of Health priar ta 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ARTERIOSCHROTIC Discase NO K certificate ACC BENT WAS UNDER YING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) TO FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg , etc.) Nat While at wark ATTENDING at work 196-8, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. O HOSPITAL OR ATTEND Page 4 may be retained 1968, and that death occurred at 5:304M, from couses and on the date stated above saw the deceased alive an-22a, SIGNATURE 22b DATE SIGNED M.D. DIRECTOR director, page a 22d ADDRESS 22c PHYSICIANS NAME (Type) MO 4115 Colie DRIVE Wheaton mi 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR-AL, CREMATION (State) REMOVAL (Specify) King David Memorial Garden Falls Church, Virginia Jan. 16, 1968 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 25M 1/67 St., N. W., Wash., D. GATE JAN Hebrew Memorial Funeral Home



0. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
TOD STATE	I	DIVISION OF VITAL RECORDS, SOT W. PRESION STREET, BALTIMORE, MARTLAND 21201	204
FOR STATE	_	MEDICAL EXAMINER 3 CENTIFICATE OF DEATH	O~ 1
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month Day Type or Print)	Year 2b HOUR
8 % % % % % % % % % % % % % % % % % % %	D (CHARLES LEE HOMPSON OF THE MATEO 14	1968 1-01
E Sind de	3 5	TARLE STORE OF BIRTH	Year 1968 / 27 M
		BIRTHPLACE (Stote or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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hin nal nine page hau	16a	WAS DECEASED EYER IN U.S. ARMED FORCES? (45 no., or unknown) (19 yes give wor or dates of service) 518-47-2538 Mrs. Thank (1- Thanks of Service) 518-47-2538	Muchaly
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ifica ting rde, as	No.	/ 3 5 7	
certii v. writt orwar used mava		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This certific ficate, writin be forward d be used as	CERTIFICAT		AEZ NO
		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Ooy, Year 21c HOW NURY OCCURRED International of Injury in Part 1 or Part 2 Uses 1	controlof
XAMINER: T te the certific ge 4 should b your files. age 3 should cremotion, or	MEDICAL	CASE OFFICE THE TOP ON CAR ATTENDED THE THEO	
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		AT WORK AT WORK A SUCCEST. 8/05 COURSEL UNE. TORK	Moretty 18
ICAL EXA resecute for Page ed for yo CTOR: Pag burial, cri		22a. I certify that I taak charge of the remains described above, held an Autopsy 📈, Inspection 📈 / Inquiry 🔀	and in pay opinion
JICAL E JICAL E JICAL E JICAL E JICAL E DIRECTOR: DIRECTOR: or to burial, or to burial,		death resulted from: Natural causes 🔲 , Accident 💢 Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
please e I director retained DIRECTOR		CHIEF MEDICAL EXAMINER	
		SIGNATURE SIGNATURE ASS STANT MED CAL EXAMINER 22b. DATE SIGN	ED
		NAME (TYDE) BELDEN R. READ M. D. DEGLEY MEDICAL EXAMINER DAY. 14	1968
necessa the fun 5 may 70 FUNE	730	BURIAL PREMATION, 236 DATA - 236 NAME OF LEMETERY OR CREMATORY 230 NOCATION (CITY OF TOWN) (CO.)	(Stota)
- A	1	Madauxersald 9	Hoo Mid
1	24	ADDRESS 250 REC'D BY REGISTRAR 250 BESISTRARS SIGN	ATURE
VR A15ME (5) 10M REV 1/68	1	John Jan Jan 18 1968 Volumes	en Judge
10M KEY 1706	1	The transfer At All the	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 013221. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOU! requires that the death certificate be executed within 24 hours after death Month 24 (Type or print) JAH E. YELEN HORNE 3. SEX 4 RACE S. DATE OF BIRTH 6. AGF (in years IF UNDER 24 HRS. IF UNDER 1 YEAR last bigthday) MONTHS I DAYS HOURS CAU 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED John L. John L. T.2 F MONTGOMEKY Washington.D.C. U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR give street address? during most of working life, eyen it retired)
Lental Assistant signed by the attending physician and campletely f burial-transit permit. Then please remove carban burial, crematian, ar remaval, and in any event, with DRING HOLY CROSS 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13e, STREET AND NUMBER Takoma admission) STATE Montgomery YES ! 709 Gilbert St. Maryland Ponk 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last LeRoy Elliott Bessie Vaughan 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 7-03-9365Fred L. Yes, no, ar unknown) Thorne same as #13e APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGESTIVE HEART DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) ACUTE MYOCARDIAL INFARCTION rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (1) ARTERIOSCLEROTIC HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detached far use as the State Dept. of Health priar ta 420. 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF QPERATION TRໞCHEOTOHY> CAUSES OF DEATH? NO T YES ___ CARDIAC FOLLUWING O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day P.M If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Mot while at work L at work 22a, I certify that (I) (this hospital) attended the deceased from 12.1 1/23 1968, and that in (my) (our) apinian death accurred on the date and have and from the saw the deceased alive anbe retained director, page 3 should shauld be filed with the causes stated abave (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING DEGREE DIRECTOR 22e. ADDRESS MEDICAL ARTS BUTLUING-22d. PHYSICIAN'S Mehlman NAME (Type) 6480 NEW HAMPSHIRE 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) (County) (State) BURIAL CREMATION. REMOVAL (Specify) Suitland, Md. Cedar Hill Cemetery FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01325 1. DECFASED NAME Middle Last 2o. DATE OF DEATH 2b. HOUR Month (Type or print) Year Wesley 4 Pm M none_ nuarce after IF JNOER YEAR IF UNCER 24 HRS. 3. SEX RACE S DATE OF BIRTH 6. AGE (In years last birthday) burial, cremation, or removol, and in any event, within 12 hours att MONTHS DAYS HOURS 10-11-96 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery WIDOWED A DIVORCED [Liveraga Md 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, eyen if retired.) INDUSTRY pleose remove carbon Washington Son & Hospo, Takoma Ualt 130 USUAL RES DENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JMJTS? 13e STREET AND NUMBER 136. COUNTY mon gome no YES 🗀 NOT Lock ville MOST 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Lost Amn Boyce John W. 7 Van Gilden 16b SOCIAL/SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 216-22-0158 Takoma Yack, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)/ PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or offanding has been with the State Dept. of Health prior to use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TY YES | this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 1B.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work O FUNERAL DIRECTOR: After causes stated above, (1) (wa) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING PHYS. director, poge 3 should be filed v DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23g. BURIAL, CREMATION (County) REMOVAL (Specify) 1/14/68 Union Cemetery Spencerville, Md. 2Sb. REGISTRAR'S SIGNATURE DRECTOR Puneral Home-1331 Rockville Pike 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 1968 30M REV. 1/68 Rockville, dd



MARYLAND STATE DEPARTMENT OF HEALTH 01330 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01326 CERTIFICATE OF DEATH DECEASED NAME First Middle 2g. DATE OF DEATH 2b HOUR death. puq (Type or print) Month 28 Day 332 MAR Jan. Pm.M 6. AGE (In years last birthday) within 24 hours after 3. SEX 4 RACE 5. DATE OF BIRTH F JNDER I YEAR IF UNDER 24 HRS MONTHS I DAYS HOURS FEMALE CAUCASIAN Dec. 4 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) MONTGOMERY DIVORCED [burial, crematian, or remaval, and in any event, within 72 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of wark done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR TAKOMA PARK SANITARIUM 4 HOSPITA
130. JSJAL RESIDENCE (Where deceosed lived, if institution. Residence before 130 CITY OR TOWN 130 during mast of working life, even if retired) INDUSTRY remave carban campletell 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE YES 😓 inice GeB. 15. MOTHERS MAIDEN NAME First
ROSETIO, GIL
AS ELUGH - IN - NOOF AGCORD 14. FATHER'S NAME pub Middle Last attending physician operate 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknawn) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: HRDIHE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Conditions, if any, which gave) HETERIUSCLERUSIS AND ENCEPHALORIALARIA rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician. stating the underlying couse ARTERIOSCHERCSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) LENAL FAILURE SELENDARY TO AKTERIONG PHRESCLERISIS TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJJRY OCCURRED City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1.20, 19.68, to 1.28 __1962, and that in(my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an.... causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ILLESPIE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Prospect Hill ash. D.C. ADDRESS T 25a REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb VR A15 (4) 30M REV 1/68 Inc. Home



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.1327
(N v		CERTIFICATE OF DEATH
funeral and 2 er death.		TERASED NAME First Midd.e Veirslost 20. DATE OF DEATH DOY YEOGO M. Month DOY YEOGO M.
a John State of the state of th	3. 51	S. DATE OF BIRTH OPEN SOLUTION OF STREET OF BIRTH OPEN SOLUTION OF STREET
hours aft n by the s Pages haurs aff	70 cou	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
illed ii	10.	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
within sold fill and post fill by the po	1.5	give street oddress) All Cross Hospital Guing most of working life, even if refired) Statta E. Co.
that the death certificate be executed within 24 hours after an. by the attending physician and campletely filled in by the transit permit. Then please remave carban papers Pages cremation, ar removal, and in any event, within 24 haurs after a page of the page of the please transition.	120	USUA. RESIDENCE (Where deceased lived, if institut on Residence before ssion) STATE Maryland 13b COUNTY Montgomery Silver Spring X NO 3510 Jeffry Street
and co		ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
be n or	L	Samuel Veirs Sallie V. Skillman
ne death certificate E attending physician permit. Then please ian, ar removal, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 85, no or unknown) (11 yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 4. STO Deffry St. No. 17. INFORMANT 4. Silver String Md.
cert Mar pl		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
eath endir nit. ar re	1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 5 NOCK 2 Source
atte perr	L	DUE TO, OR AS A CONSEQUENCE OF
of the nsit	ı	Conditions, if ony, which gove his to immediate couse (a), stating the underlying cause (b). OUE TO, OR AS A CONSEQUENCE OF
equires that th physician signed by the burial-transit burial, cremati		stoting the underlying couse (c) CORONARY ARTERY TNROMBOSIS 36 from 100.
quire phys signe suria	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ing ing the late	8	
The law re attending has been se as the th prior to the	RIFCATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH?
ICIAN: putal ar thinate d far us of Healt	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 at Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
G PHYSIC the haspir this cert detached	MED	21d INJURY OCCURRED While Not while of work of work
NING by th fter the		22a. I certify that (1) (this hospital) attended the deceased from WAY 1964, to JAN 7, 1968, that (1) (we) last
	П	22a. I certify that (I) (th is hospital) attended the deceased from LAY, 1964, to JAY, 1968, that (I) (we) last saw the deceased alive an JAY, 6, 1968, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
OR ATTENE be retained SIRECTOR: A le 3 shauld ed with the	1	226 DATE SIGNATURE 22c DATE SIGNED
OR DIRE	ı	Servet T Kambels MD DEGREE PHYS DIRECTOR D STAFF D 1-7-68
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page should be filed		22d PHYSICIANS NAME (Type) Seruch J. KK Kimble 9801 Hangia has follow that
HOS Ige 4 FUN recto	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 A	1	REMOVAL (Specify) Trans-Barial Jan 10 1968 Lake Wales Cemetery Polk County Florida FLAMERAL DIRECTORY 250 RECD BY REGISTRAR 250 REGISTRAR 25
VR A15 (4) 30M REV. 1/68	7.9	Jarner E. Pumphrey, Inc. Silver Spring. Md. DAUAN 10 1968 Charles Judge:
		wither Co Pumpincey, The SALVER SPRANG, 11a. I MANN TO 1004

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01328 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. DECEASED NAME Middle Lost 2o. DATE OF DEATH 2b. HOURD (Type or print) January Francis Wahler Logan 4 RACE 6. AGE (In years S DATE OF BIRTH FUNDER LYFAR IE LINDER 24 HRS 3 SEX lost birthdoy) White Male 20 July 1903 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED WIDOWED . DIVORCED [Washington. D.C. Montgomery signed by the attending physician and completely filler burial-transit permit. Then please remave carban par burial, crematian, ar remaval, and in any event, within ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired)
Supervisor give street address) INDUSTRY Bethesda The Clinical Center, NIH

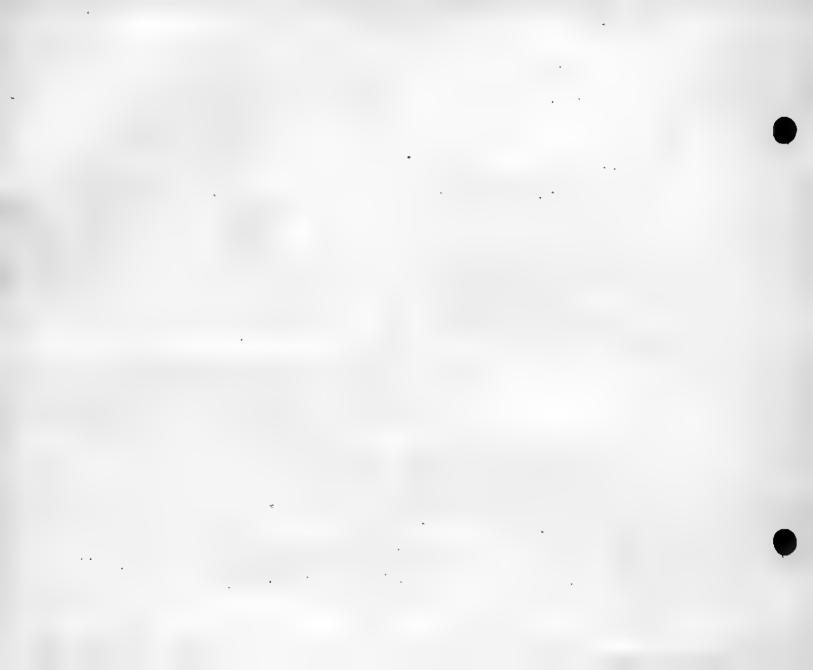
130 USUA, RES DENCE (Where deceased lived, if Institution: Residence before) 13c (TY OR TOWN Construction 13d. INSIDE CITY LAMITS? 13e STREET AND NUMBER 13b. COUNTY YES NO Washington 803 Alabama Avenue. District of Columbia 14. FATHER S NAME First IS. MOTHER'S MAIDEN NAME First Valentine Wahler Marie Walker Rose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address Yes, no, or unknown) (If yes give war ar dates of service) 578-38-3203 The Clinical Center, Bethesda, Maryland 20014 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Lung Absces BETWEEN ONSET AND GEATH Lung Abscess with Pseudomonas Septicemia 3 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Multiple Myeloma 2-1/2 years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. 201 V PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta Acute Renal Failure 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 2Do AUTOPSY? CAUSES OF DEATH? YES X NO [Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF GEATH
(If either, notify medicol exominer) HOUR A.M. Month Doy Year PM 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREEY, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR 29 January 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d, PHYSICIAN'S NAME (Type) Michael Emmer. M.D. institutes of Health, Rethesda, Maryland, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 236. BURIAL, CREMATION, Jan. 31,68 DATE EBY REGISTRAR Cedar Hill Cemetery Suitland, Maryland ADDRESS UNERAL DIRECTO! VR A15 (4) Simmons Bros. 1661-Gd. Hope Rd. SE.

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- 1 (M)		MARYLAND STATE DEPARTMENT OF HEALTH 3 3 2 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			1329
HEALTH DEPT.		ECEASED NAME First Middle Last 2a. DATE KNOWN Manth Da	
2 3 8 2		Type or Print) (Death Makefield DEATH MATED DEATH DEA	8 1968 8 AM
y deloy is	3 5	A RACE S DATE OF BIRTH 6 AGE (In years lift chart F 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD Months Days Months Days	Year 2d HOUR
Taple	湯	BIRTHPLACE (State or fore on 76 CITIZEN OF WHAT COUNTY? 18 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1948 8 PM
fe Do	√aun		M·d.
offer death 8. Give Poges olong with for with the Stote	10. €	and the discontinuous and the state of the s	B KIND OF BUSINESS OR DUSTRY
er de Sive ng w ng h	130	Gaithers burg grestree address) Park Drive dat 304 during frost of working life even fretired) INE	# Shel
hours ofter death and litem 18. Give Pages 1, 2, Office along with form Pland 2 with the State Depa ofter death	0	dr ssion) STATE Marker 13b (OUNTY Mentance Statement YES NO 42 W. Lace	Varton
nourr em Office and 2	14 F	ATHERS NAME First Middle Lost IS MOTORS MAIDEN NAME First Middle	Lost
24 tin Hirs of the second	1/	Hugh Torrance Althea Wilberham	
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriot-transit permit. File pages Land 2 with the State Death or removat, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (os, no, or unknown) (If yes give war or dotes of service) Unknown 17. INFORMANT NO Unknown Elmer Muth Same as Item	13.
nis certificate should be executed with the writing the word "pending" in performed to the Chief Medical Example used as a burior-transit permit. File removat, and in any event within 72		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding ' i Medicol permit nt withis		PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction	Sudden.
be execut "pending lef Medic losit perm		DUE TO, OR AS A CONSEQUENCE OF	Nears
should be () word "per the Chief unoi-transit		rise to immediate cause (a), stating the underlying cause (b) Coronary arteriosclerosis with occlusion DUE TO, OR AS A CONSEQUENCE OF	7
shou we the unot		last.	
ate s a the ed to ed to ond		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtifica riting varde ed as	NO.	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writhing the forwar be used	CERTIFICATION	WAS PERFORMED?	YES NO
MINER: This certificate should the certificate, writing the word 4 should be forwarded to the Clur files. e 3 should be used as a buriot-tru smation, or removal, and in any		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. T ME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item HOUR A.M.	
INER: Te certific e certific should b files. 3 should ation, or	MEDICAL	CAUSE OF DEATH P.M 19	Co. cobs. Santa
	~	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	County State
.AL EXA execute or. Page of for you uried, cre		220. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X],	and in my apinion
JICAL E ilease exect d rector. Po estoined for DIRECTOR: ir to buriol,		death resulted fram: Natural causes 💢 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌]
please d rect d rectoine retoine or to b		ACTUAL CHIEF MEDICAL EXAMINER 226, DATE SIG	NED
any, pie nerol d be reto prior	ì	DEPUTY MED CAL EXAMINER IX	19.1968 -
necessary, please execute the the funeral d rector. Page 4 5 may be retoined for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) JOHN G. BALL ADDRESS(Street, city, fown, or county) Bethese	The second secon
5 = + ~ 5 ±	230	REMOVAL (Specify)	ounty) (State)
		Burial 1-22-68 Allegheny Cty. Mem. Pk. Allegheny Cour	
VR A15ME (5) 10M REV 1768	RC	DBERT A. PUMPHREY, Bethesda, Maryland WAN 2 4 1968	I reduced



, 1	25	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
/ FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01	1330
HEALTH DEPTY		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Type or Print)	Doy Year 2b HOUR
13 to 15 to		WILLIAM WALKER DEATH MATED -	3 1968 730
M3. M3.	-	MALE NEGRO July 13 1907 60 YRS MONTHS DAYS MOURS MIN Manth / Day 3	Year 1968 4 05
- C		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ges for	<u> </u>	VIYAINIA U.S.A. WIDOWED INVOKED MIDNIGONERY	Md. 26 KIND OF BUSINESS OR
after death Si Give Poges blong with far with the Stote eath.	7	TAKOMA PARK great address). SAN. & HOSP, during most of working ite even 'f retired.)	NDUSTRY
ole ole ole	130		AS AVE.
hours Hem 19 Office I and 2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
h.n 24 nci In 8 niner's (poges 1 hours (tán	MORRIS WAIKER MARGARET WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
t with.n penci Exomine File pog		fes, no, or unknown) (if yes give war ar dates of service)	
s certificate should be executed within 24 e, writing the ward "pending" in penci in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emoval, and in any event within 72 hours		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY: Cardiorespiratory Failure IMMEDIATE (Acceptable Control of the control	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
be exe "pendii nief Mei onsit pe event v		DUE TO, OR AS A CONSEQUENCE OF	,
I be I 'p Chief ronsi		Conditions, if only, which gove use to Acute Alcohelism (b) due to Acute Alcohelism	<u></u>
should be to word "pe of the Chief buriol-tronsit I in ony ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the shifte of I to t	Ì	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	1
ficot hing rded as as	_		
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
生 등 골 (MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21o TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19	n 18)
= 0 × ± c 0	ME	21d NJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF NJURY (At home, form, street, at work at wo	Caunty State
io % io		22a certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	and in my ap n an
se exector. Porton Port		death resulted from Natural causes Accident . Suicide . Hamicide . Undetermined manner [
please directer retainer to bike or to b		ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SI	IONER
ny, plenory, plenory, plenory, plenory, plenory, prior, pr		SIGNATURE MD ASSISTANT MEDICAL EXAMINER LA	4 1968
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) BELDEN R. REAP M.D. SEDES SPORT (COUNTY)	1,100
5 = = ~ 5 = /	230	DEMOVAL (Specify)	(Caunty) (State)
1/2	24	TUNERA DIRECTOR / 19/68 HSh Memoria / 250 RECD BY REGISTRAN / 1/250 REGISTRAN / 1/25	YUNTY: 19/4.
VR A15ME (5)	YE		La Dudotte.





	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
	,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	01332
	1		
death.	/°	CEASED NAME (First Middle WALACE 20. DATE OF DEATH Month Pay	Year S 2b. HOUR M
क ने ने न	3. 51		IF LINDER YEAR F UNDER 24 HRS. ADNTHS DAYS HOURS M.N.
hours aft	7a cau	SIRTHPLACE (Stole or fore on 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
filled in 72 paper thin 72	10. 0	THE OR TOWN OF DEATH 11. NAME OF PLOSPITAL OF INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even intertired	12b KIND OF BUSINESS OR INDUSTRY
uted with mpletely ve carbon	130	USLAL RESIDENCE JAVINETE dependent ived, if institution: Regitance before 13c (ITY OR TOWN // REGIVE CITY LIMITS? 13e STREET AND NUMBERS)	1
be executed withing and campletely find any event, with		ATHER'S NAME FIRST Middle List IS MOTHER'S MAIDEN NAME FIRST I Middle	Utre -
ate be exection and collected collection and collected collection and in any	L	James 6. Homas Mary Kelch.	
ertificate be physician c ten please aval, and ii		WAS DELEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (If yas give war or dates of service) 10c 26-5185 Jennes Jones Jo	Sac Jalana
The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely fill se as the burial-transit permit. Then please remove carbon post prior ta burial, crematian, or remaval, and in any event, within		18. CAUSE OF DEATH (Enter only one cause per line for (s), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) When the cause per line for (s), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the c an. by the att transit pen		Conditions, if any, which gave tise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF The Results of the Condition	5 days
quires that the physician. signed by the burial-transit burial, cremat		stating the underlying cause last. 5 CO (c)	
w requires ding physici een signed the burial-	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
PHYSICIAN: The law rather he hospital or attending this certificate has been efacted far use as the supply. The order the prior to the order than the order	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 1-3-68 Causes OF DEATH? YES NO [CAUSES OF DEATH? 425]	ISIDERED IN CERTIFYING
AN: Thall or at all or at at a control or at a		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Its	em 18.)
G PHYSICIAN the hospital (this certifical detached far te Dept. of He	MEDICAL	(If either, natify medical examiner) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. Na City or Town	Caunty State
	ı	While Not while at wark 10 office Building, ETC 120. I certify that (1) (this haspital) attended the deceased fram 1966, to Jan 7, 1966	8 , that (I) (we) last
ATTENDA ained b TOR: Aff		saw the deceased alive an	
OR ATTENC be retained DIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE DEGREE PHYS. MED STAFF 22c DA DEGREE PHYS. DIRECTOR PHYS. 0	ATE SIGNED
PITAL OR may be RAL DIR		22d. PHYSICIAN'S NAME (Type) ARTHUR S BRECLER 22e ADDRESS	7
TO HOSPITAL OR ATTENDING Page 4 may be retained by the for FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the State	23a	BUR AL EREMATION, 236/DATE 23c NAME OF CEMETERY OR GEMATORY 23d. (OCATION (City on Town))	(County)(Staffe)
VR ATS	24.	FUNERAL DIRECTOR ADDRESS Son REC'D BY REGISTRAR 256. REGISTRAR S S	IGNATURE .
30M REV 148	J.	there Fine of Home gettle flatter 259 CARAID OT AN DATE AN 10 1968 JOHNER	(sugge



		34.99	DIVISION	OF VITAL RI	ECORDS, 301	W. PREST	ON STREET, BA	LLTIMORE, A	MARYLA	ND 21201			
FOR STATE		2100	d .				CERTIFICAT					0133	3
HEALTH DEPT.		ECEASED NAME Type or Print)	Ol a		Blanck		lost Wa	lsh	2	a DATE KNOV OF EST. DEATH MATE	1	gay Year	68 25. HOUR
delay delay	3 5	^{EX} female	4 RACE cauc	5 DATE OF BIF		6 AGE (In year			MIN. 2	C DATE PRONO		Year 19 6	2d HOUR
Se fa ling		BIRTHPLACE (Stot	e ar fareign 7b	CITIZEN OF WH	AT COUNTRY?		MARRIED PNEVER I	MARRIED 🗌		Y OF DEATH		- 17	-76
State D		St Virg		U.S.A				VORCED		Montgo			Md
r dearly ve Pagg with the Sto		CITY OR TOWN O	Spring	give	Holy CI	oss Ho	on (If not in hospil	during	Hous	ewije de e	af wark dane ven if retired)	126 KIND OF B	
hours after de Item 18 G ve f Office alang w I and 2 with the	13a a	dmissign a TAJ	(f (Where deceased Land	d lived, if mistite 13b COUNTY IV	tion Residence	before 13c (or town Spring	JES N		3e STREET AND 0801 G	eorgia	Avenue	
hour term Offic and after	14 1	ATHER S NAME	First	M·ddle		Last	15 MOTHER'S N		First		Middle		ost
24 in ser's ser's les	160	WAS DECEASED EN	Mandival ERINGS ARMED FO			nes	17. INFORMANT	1714	intie		ADDRESS	Hot	τ
wit con 72		es, no at unknav		n or gales of service)	16b SOCIAL SEC 234-14-	4577	Thomas L	. Walsh	h, 10	801 Ge	orgia A		
ed the		1B. CAUSE OF PART I D	DEATH (Enter only EATH WAS CAUSED	BY	ine for (a), (b), (and (t))	Down	we	Lu	d ices	Dien		ATE INTERVAL SEE AND DEATH
X P & d +		-	MIMEUIAII	E CAUSE (a) DUE TO OR	AS A CONSEQUE	NCE OF OLT	tiry	vM.	10	. /	//	1	
I be exulting the formal that			ny, which gave) iate cause (o), ((b) (cary	Mean	75	Wil	Rea	se	V	
shauld be e ne ward "per a the Chief I burial-transit i in any even		stating the un last.	derlying couse	DUE TO, OR	R AS A CONSEQUE	NCE OF							
		PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBLE	ING TO DEATH B	UT NOT RELATE	D TO THE TERMINAL	L DISEASE OR C	ONDITION	GIVEN IN PART	1(0)		
is certificate te, writing th farwarded t e used as a remaval, and	NOI	19g. DATE OF C	PERAT ON		T19b. CONDITION	FOR WHICH (PERAT ON	·				20 AUTOI	2542
for the	CERTIFICATION				WAS PERF		-					YES [14.4
	MEDICAL CER	21a EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING	HOUR A.	ThuURY Manth, D .M. .M	Ισγ, Υεστ 1 9	21c. HOW INJURY	OCCURRED (Ent	ter nature	af njury in Pa	irt 1 ar Port 2, i	tem 18)	
EXAMINER: ute the certi age 4 shauld your files. Page 3 shau , crematian,	WE	21d. NJURY OC WHILE AT WORK	or white and facto	ACE OF INJURY (ary, affice building	At home, farm, : ng, etc.)	street,	211 LOCATION Stre	et or RFD No		C ty ar Tow	rn	County	State
VL EX Xecut Xecut Pag far y DR: P			certify that, to	_			- 1	ıtopsy 🔲,	Inspe	ection X,	Inquiry	and in	my opinian
SICU Ise e ector ined RECT		death re	sulted from	Natural cau	ses 📈, 🗚	ectoent 🗌	Sciede [],	, Homicide	,	Undefermi	ned manner		
plea if din reta I DIN		ACTUAL SIGNATURE 4	1201	Dei	. /	/ 10	1 1	THIEF MEDICAL I ASS STANT MED :		NED	A2b, DATI	SIGNED	
necessory, property from the funeral 5 may be re ro FUNERAL Health prid		EXAMINER'S NAME (Type)	BELD	EN /	PK	DEA.	71,0	DEPUTY MED CAL	L EXAM NE		Jan	+4,1	467
101 101 101 101	230	BURIAL CREMA REMOVAL (Spec		DATE	23c NA	ME OF CEMELE	OR CREMATORY		23d L	OCATION (Crty	or Town)	(Caunty)	(Stote)
	170	Buzial	y Ja		968 C	edan H	ll Cenet	250 REC'D	Sui	tland,	Maryle Sb. REGISTRAR S	and SIGNAT DE	
VR A15ME (5)	W.	aner E.	Pumphrei			_ 0	a Avenue	DATE A		1968	OCCION		
10M REV 1/68			1 001101000	7, 7,00	_ JANUE	r Spri	19, 110.	I N. O. V.	1.1.0.	1200	- Company	A July	

MARYLAND STATE DEPARTMENT OF HEALTH



. 1	0.1000 N		D STATE DEPARTMENT OF I		
	01338 D		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		1334
	ASED NAME First	Middle	Weigert,	20 DATE OF DEATH Month Doy	Year 2b. HOUR
3. SEX	Cack	P NMT	Is DATE OF BIRTH	5 kg / 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
J. JEA	tva l	W/	12 Avor 84	last birthday)	MONTHS DAYS HOURS MIN
70 BIRT	1 "	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Clermany	NIA	WIDOWED DIVORCED	MICH OGO 120 A. AL OCCUPATION (Kind of work done)	M
	OR TOWN OF DEATH	give street address) CHC	O COND CLINTER during m	ost of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
odmissio	UAL RESIDENCE (Where deceased I on) STATE	eved, if institution Residence before	13c CITY OR TOWN 13d INSIDE CITY L	IMITS? 13e STREET AND NUMBER	7.
/ 14. FATE	HER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME I		C Lost
<u> </u>	waltensk	FORCES? 16b. SOCIAL SECURITY I	+ Emmit		PAPPENHEIN
	AS DECEASED EVER IN U.S. ARMED ID, Dr Jinknawn) (If yes give war or		17 INFORMANT EX, He Con Fe]	Address L	7
1B.	. CAUSE OF DEATH (Enter only o	ne couse per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE (CAUSE (a)	COSAFIN APPI		South
50	4 80 X anditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	n		
ris	te to immediate cause (a), oting the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF	Phenma		113211
los	51 4 - 3	(c)	visuly horterial	(interpo	dutely
P/			OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)	
NO. 190		PIO SO HEROSIS DITION FOR WHICH OPERATION WAS PE	REFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
CERTIFICATION 184			YES NO 🔀	CALIFOR OF OPATUS	
	O. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Part 2, II	em 1B.)
25 2	DR CONTRIBUTING CAUSE OF DEATH either, notify medical examiner) d INJURY OCCURRED 21e PLA	P.M. 15 OF INHURY / AT HOME FARM, STREET, FAC	TORY) 21f. LOCATION Street or R.F.D. No	City or Town	County State
W	work of work				
22	20. I certify that (1) (this !	ospital) ottended the decease	ed from 1964 , 19	, to1 30n, 19_	ck , that (I) (we) lo
	couses stated above, (1	(we) (did) (did not) view the	ed from 1964, 19 965, and that in (my) (our) op body ofter death.	inion deoth occurred on the dat	re ond nour and from th
22	Pb. SIGNATURE			NED STAFF 22c D	DATE SIGNED
22	d PHYSICIAN'S	work M	DEGREE PHYS.	DIRECTOR L PHYS. L	7/68
	NAME (Type) No. 19	on Gendrik	110c 2	L, NE Goth De	C 20037
23a Bi	URIAL, CREMATION, 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
24. FU	EMOVAL (Specify)	168 ('EDAK	HILL CREM. 250 REC'D!	SUITLANIS, BY REGISTRAR 2Sb. REGISTRARS:	
Ses	S. GAWLER'SS	ONS, STROWIS ADDRESS	S.C. DATEJAN	10 1968 facion	to Judge



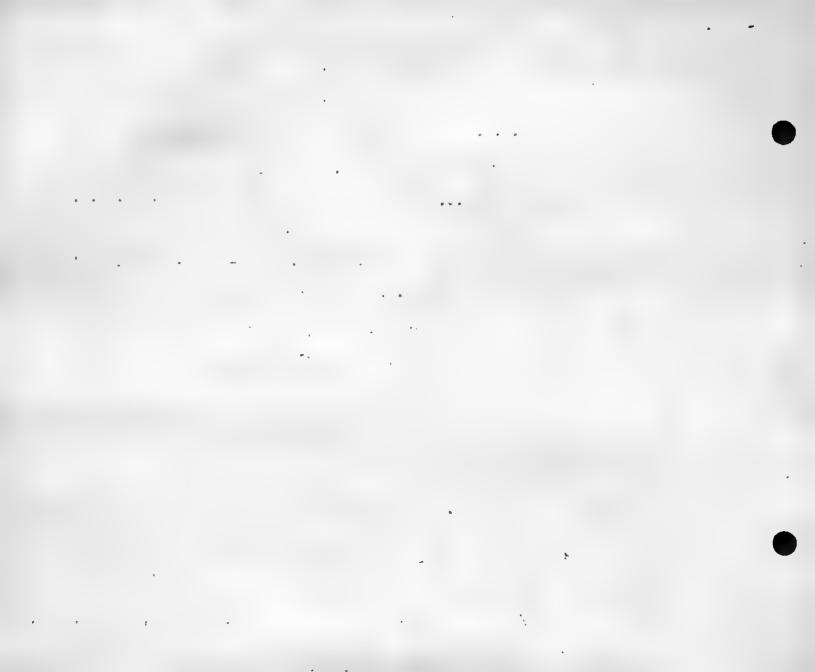
11 ~ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
THE STATE A	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.1335	
HEALTH REDT	MEDICAL EXAMINER 3 CERTIFICATE UP DEATH	2010
S S S S	(Type or Print)	
> m - =	3 SEX 14 RACE S DATE OF RIGHTH 16 AGE IN MORE I THAN 15 UNDER 24 HRS 22 DATE DEDUCTINGED DEAD 124 M	O. IR
iny delay 1, 2, and 3 rm PM3. Pa	FEMALE WHITE 12-28-93 Kast birthday) MONTHS DAYS HOURS MILL Manth / Day 28 Year 1968 9=	75
Pp Pp Pp	70 BIRTHPLACE (State or foreign 76. CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	77 (1)
farm farm	COUNTRY) VA. U.S.A. WIDOWED NONTGOMERY	Mo
death e Pages 1, with farm	10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospita 120 USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OF during most of working life, even if retired INDUSTRY	R
J we also	TAKOMA FARK WASH, JAN & MOSP, HOUSEWIFE	
	13a USJAL RESIDENCE (Where deceosed lived, if institution: Residence before discritive of the sistent) STATE Md. 13b COUNTY MONT. 5.5. YES NO 1714 SLIGO AVE. #3	00
S = 0	14 FATHER'S NAME First Middle ast IS MOTHER'S MAIDEN NAME First Middle last	
	ANDREW KIDWELL MARY	
hin 24 ncil in niner's pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS	to
with pell can can can 22	(Yes, no, of unknown) (If yes give you and doles of service NONE MRS. EVELYN TIBES 9284 ADELPHI RD	
ecuted ving" in edical Exermit. F	18. CAUSE OF DEATH (Enter only one cause per I no for (a), (b) and (c))	В
executed inding: ir Medical E i perm t. I	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Clute Coronary Insufficiency	
be execution pending inef Medic	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	
	nse ta immediate (ause (a)	
certificate should be a writing the ward pe irwarded to the Chef ssed as a burial-transit naval, and in any ever	lost	
s certificate she s. writing the farwarded ta used as a bu emaval, and in	PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	_
ertificat writing warded warded sed as c	5 × ·,	
nis certificate, writinis farward a used a remaval.	196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
e at a per la pe	YES NO 210 EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Finish nature of injury in Port 1 or Port 2 stern 18.1)	
<u>f</u> p P P S	216 EXTERNAL CAUSE WAS 216.T ME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Port 2, Item 18)	
INE INE e ce shau files 3 sha at a	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d NJURY OCCURRED 21e. PLACE OF NJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town County Stot	le.
EXAMINER: ute the cer age 4 shauf your files. 'Page 3 shai ', cremat an	WHILE NOT WHILE factory, office building, etc.)	
L EX lecut Pag ar y R: P	22a certify that took charge af the remains described above, held on Autopsy , inspection , inquiry , and in my opin	ion
DICAL I	death resulted from Natural causes , Accident , Suicide , Homicide Undetermined manner	
please e I d.rectan retained or to bu	CHIEF MEDICAL EXAMINER	
a	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
EPI SSSG fun fun INE	EXAMINER'S BEIDEN R. READ M.D. DEPLIY MEDICAL EXAMINER & JAN. 29 1968	_
TO D the TO FU	23a BURIAL (REMATION. 23b DATE 23c NAME OF CEMETRRY OR CREMATORY 23d LOCAT ON (City or Town) (State)	
	Burias Feb. 1 1968 Flint Hill Cometery Oakton, Virginia	
VR A15ME (5)	W. W. Chambers Co. Sloss G. Avp SS. Md Date EB 2 1958 Clientes Judge	r P
10M REV 1/68	W. W. Chambers Co. 8655 Ga Ave S.S. Md DATE EB 2 1968 Schooles Judges	



	1		Ho.	ems 18-22a Film 397MAKYLAND STATE DEPARTMENT OF HEALTH 5-88 Ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
je je	FOR ST	ATE	~	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1336
d H		DEPT		CEASED NAME First Middle Lost 20 DATE KNOWN Month Do	1
		=	3. 5	Cara (Ilmara Cella) DEATH MATED (3) 20 2	12 1969 4 FM
do los	E &		D, 31	F W Jef 5- 1920 47 YRS DAYS HOJES ANN MODITY DOY	Year 1965 7 7 M
	. 2, E	Depart	7o. 1	IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH TY) Kansas 24 S.A. WIDOWED DIVORCED 100 MORTH 1	
	forr	Stote L			
100 m	Give Pages	the the		Rockville. give street godgess) Buddette-Rd. during most of working life, even if retired.) IN	26 KIND OF BUSINESS OR IDUSTRY
9	8. Give	2 with death.	130.4	USUAL RESIDENCE LYPhere deceased lived, if institution. Residence before 13c UP) OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER 13b CONTROL 13	
-	~ = -	- · ·	IA F	THER'S NAME First Middle / Rost IS MOTHER'S MAIDEN NAME First Middle	Last
24 10		lond2	1.5	Daniel Fling Brook	
5		poges	16a.	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
de la	in pencil in Examiner's	ile 72	(1	25. No (if yes give wer or dates of service) 515-20-1908 Fred E. Wells - husband same	
P 43	<u> </u>	ermit. Fi		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
	writing the word "pending" invarded to the Chief Medicol	permit. I		C5110 IMMediate cause (of FFINITY Pulmonary Congestion & Edema	3 hr.?
	pen pen jef A	event		Conditions, fany, which gove) Conditions, fany, which gove) (b) overdose of Barbiturates	
7		ony e		nse to immediate cause (o), Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
4	e sio	5 =		last. 5. 71.2	
15. co. co. co. co. co. co. co. co. co. co	e, writing the farwarded to	0 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)	
4	rritin	ed as	NOI	Chronic endocardosis involving all heart valves 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
		be used a	CERTIFICATION	WAS PERFORMED?	YES X NO
			CERT	21a EXTERNA, CAUSE WAS 21b TIME OF IN. JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
ė	certifi ould	3 should ation, o	MEDICAL	PRIMARY OF CONTRIBLTING 3 HOUR ATM Jan 2219 68 Took overdose of drugs	
TV A MINIED.	the 4 sh	oge 3 shou cremation,	M		County State
2	cute t			AT WORK AT PORK	ontg. Md.
3	se exerctor. Protocol formal f	ECTOR: burnol		22a I certify that I taok charge of the remains described above, held an Autapsy, Inspection, Inquiry, death resulted fram: Natural causes, AccidentX, Suicide, Hamicide, Undetermined manner	and in my apinian
	ry, pleose e eral director	or to		ACTUAL OL B R 00 CHIEF MEDICAL EXAMINER C	
7	ssary, f funeral			SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (20 DATE 318)	7 3 1912
711010	necessary, the funera 5 may be	TO FUNERAL DIRE		NAME (Type) John G. Ball 7936 Old Georgetquass mand, Bathanda, Ad.	20,77-0
9	the second	12 m	23 0	DEMONAL IC E.	ounty) (State)
		c		REMOVAL (Specify) 1/27/68 Parklawn Cemetery Rockville, Month Funera. Director Funera. Director 1/27/68 Parklawn Cemetery Rockville, Month Registrar Loss Registrars SIG	tg. Md.
		15ME (5) REV 1/68		FUNERAL DIRECTOR Son Wheeler Funeral Home Rockville, Md. BAN 25 1968 FUNERAL DIRECTOR ROCKVILLE, Md. DATE JAN 25 1968	not program



1		0125	DIVISION OF VIT		E DEPARTMENT OF A	1EALTH IMORE, MARYLAND 21201	
- 1.		01341	DIVISION OF VII		ICATE OF DEATH	IMORE, MARILAND 21201	01337
and 2		1. DECEASED-NAME (Type or print) J	First TAMES	Middle LAYTON	Last WEST	20. DATE OF DEATH January Manth 13	Pay 1968 25. HOUR
s offer		3. SEX Male	4. RACE White		S. DATE OF BIRTH September 1	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI
24 hou rs aft e ed in by The ppers. Roger		7a. BIRTHPLACE (State or fareig	7b. CITIZEN OF WHAT C	OUNTRY? 8. MARRII WIDOW	D NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Montgomery	
physician and completely filled en please remove carban page avol, and in any event, within 7	110	10 CITY OR IDWN OF DEATH Garrett Park	11. NAME (give street 1091	oddress) Clermont	f nat in hasp tol 12a USU/ during m	AL OCCUPATION (Kind of work don ast of working life, even if retired edit Investiga	
omplete ve carb	-f)	13o. USUAL RESIDENCE (Where admission) STATE Washir	1 1 12 1 22 41 4	Residence before 13c CITY	OR TOWN 136. INSIDE CITY IS		
requires that the death certificate be executed g physician on signed by the attending physician and comple e burial-transit permit. Then please remove call a burial, crematian, ar remaval, and in any event	11	14 FATHER'S NAME First ROBERT	Middle LEE	Lost WEST	IS. MOTHER'S MAIDEN NAME FANNA		JOHNSON
ificate nysician please of, and		16a. WAS DECEASED EVER IN U. Yes, go, ar unknawn) (If y	S. ARMED FORCES? as give war or dates of service)		7. INFORMANT Robert L. Wes	Address	
ith cert ding ph r. Then remov		PART I DEATH WAS	ter anly one cause per line fa CAUSED BY.		/		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the dec e atten permitian, a		Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF			2:1144.
s that cian d by the l-transii.		tise to immediate cause stating the underlying c	(a), (b)	CONSEQUENCE OF A TERM	SCIEROSIS	1 CC NC 4	5-100-0
require g physic s signe b buria		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING		TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(a)	
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AN: of or icate far u	1	♂ or contributing □ CAUSE	OF DEATH HOUR A.M. M	anth Day Year		r nature of injury in Part 1 or Part	2, Item 18.)
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NDING PHY d by the h After this d be detact e State Dep		22a. I certify that (I	ed alive an 15 6	C 11 1961	and that in (my) (aur) api	nian death accurred an the	19 <u>68</u> , that (I) (we) to date and haur and from t
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: Afte director, page 3 should be should be filed with the Sta		causes stated a	bave, (I) (we) (did) (did			AED. STAFF D	2c. DATE SIGNED
SPITAL OR 4 may be r VERAL DIRE tar, page 3		22d. PHYSICIAN'S NAME (Type)	788, V. 1	ate mas	GREE PHYS.	W ST N.E	1111 60
O HOSPITAL Page 4 may O FUNERAL director, pag	2	23a. BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
2 2 2 7	hl	BLYOVAL AMERICAL DIRECTOR	1/13/68	Darnestown	2Sa. REC'D B	Darnestown, ry REGISTRAR 25b. REGISTRA	-
VR A15 (4 30M REV. 1	4) 768		er Funeral Ho		kville Bik		arles Judges
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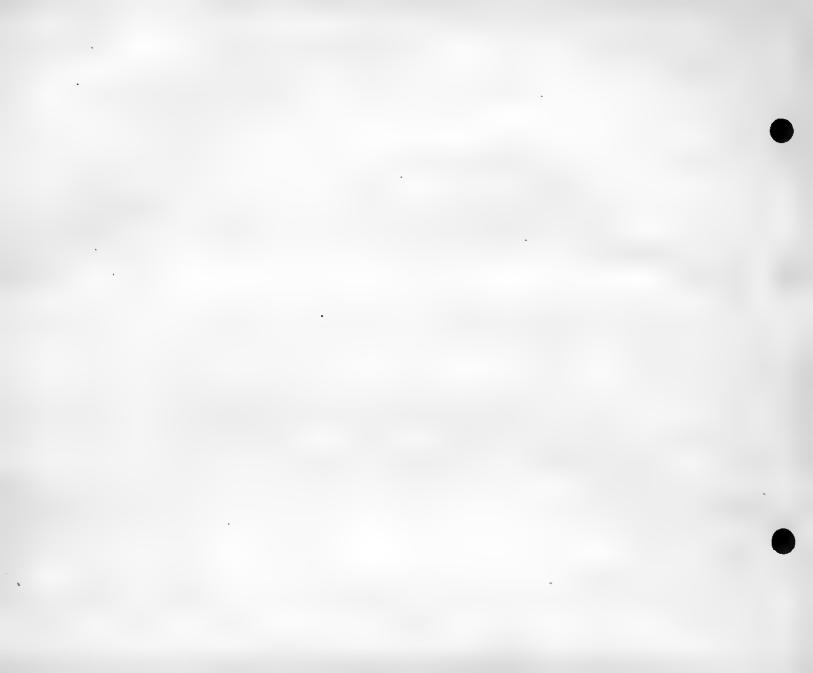


MARYLAND STATE DEPARTMENT OF HEALTH 01342 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH Middle Last 2b. HOUR DECEASED-NAME First requires that the death certificate be executed within 24 hours after death (Type or print) FILENOR BARNES 3 SEX 4 RACE DATE OF BIRTH 6 AGE (n vears last birthday) MONTHS DAYS HOURS Oct. 3/ 1883 Caucasian 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED 1 country) DIVORCED [Montgemery Washington D.C. II S 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 225 KIND OF BUSINESS OR give street oddress) 7501 Wyndale Road during most of working life, even if retired.)
Housewife INDUSTRY Chevy Chase At Home COL 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN admission) STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER edmission) STATE Maryland NO a 7501 Wyndale Read Mentg. Chevy Chase ond in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Last Middle Barnes Unknown Joseph Fraser 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) en ple 577-01-5098B Mrs. George Parton, Same as #13 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE O stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNET, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAJSE OF DEATH HOUR A.M Manth Day Year (if either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED County State City or Town While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased from 19 to causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d, PHYSICIAN S NAME (Type) 23b. DATE 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a BURIAL, CREMATION, REMOVAL (Specify) Washington D.C.
STRAR 256. REGISTRAR'S SIGNATURE Rock Creek Cemetery Wisconsin Ave, NW 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Minter Jusque 1968 Jeseph Gawler's Sens, 30M REV. 1/68 Washington D.C.

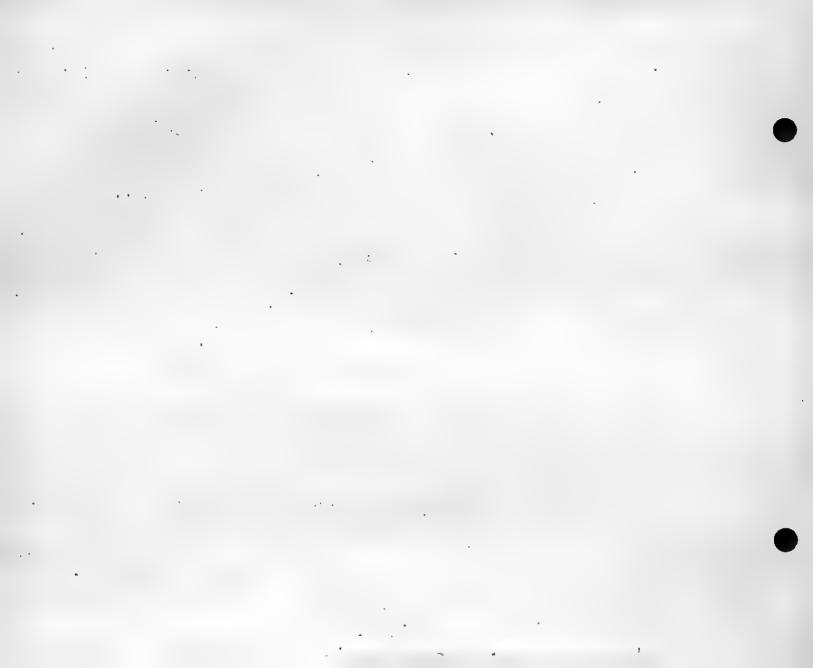


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ...343 01339 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) e. COUNTY o. STATE h. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate .mufs C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carporate limits, write RURAL and give neares) town) RURAL one give necrest town requires that the death certificate be executed within 24 hours in by d NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS ond in ony event, within NO F WALTER Middle NAME OF DATE Menth corbon Lost Doy Year DECEASED 0F Type or post DEATH 5 SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED DATE OF BIRTH NEVER MARRIED remove last birthday) Months Hours WIDOWED DIVORCED ond KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 10b 11 81RTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT pleose during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER S. NAME 14. MOTHER'S MAIDEN NAMI cremotion, or removol, signed by the ottending plantial to buriol-transit permit. There is buriol, cremation or remove WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN Address (Yes, no, or yoknown) If I ves a ve war or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN PART I DEATH WAS CAUSED 8Y: ONSET AND DEATH **IMMEDIATE CAUSE (6)** DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the lost. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO DE YES [fo 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office blda, etc.) Not While ot work of work 19.6 S; that (I) (we) last 19 Page 4 may be retained M, from couses and on the date stated above. saw the deceased alive on 22o. SIGNATURE DATE SIGNED 225. ATTENDING PHYS MED STAFF PHYS. M.D. DIRECTOR 22d ADDRES 22c. PHYSICIAN'S 43 NAME (Type) director, should b 23c NAME OF CEMETERY OR CREMATORY 23o. 8URIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) DWRIAL 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 11344 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01340Middle Last 2g. DATE OF DEATH 2b. HOUR 1. DECEASED NAME First requires that the death certificate be executed within 24 haurs after death (Type ar print) uke ru man 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) HOURS Nale 5-28-93 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Montgemery, County country) WIDOWED [DIVORCED [mer. 15 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH, during most of working life, even if retired.) give street address) burial, crematian, ar remaval, and in any event, wit 13e STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c, CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 7708 YES 🔀 IS MOTHER'S MAIDEN NAME First Middle 14 FATHERS NAME Last William Jennie TAB. SOCIAL SECURITY NO 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? () ves give wor or dates of service) Yes, na, or unknown) 7600 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) and (c) and (c) are all and (c) and (c) are all RENAL FAILURE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART !(a) directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 📈 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year PM. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREEF FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Saw the deceased alive an 1965, and that in (my) (our) apinian death accurred an the date and haur and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 2001) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23b DATE 23a. BURIAL, CREMATION, BURIAL (Specify) WASHINGTON 2Sb REGISTRAR'S SIGNATUR 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Climber VR A15 (4) DATE LA N 30M REV 1/68



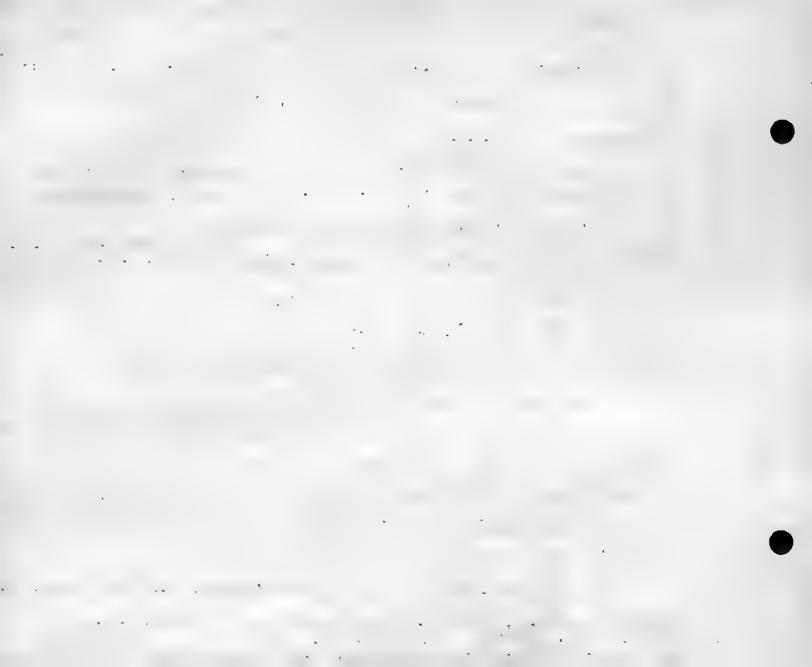
		TO NOISIVION OF	VITAL RECORDS, 301 W. PRE	STON STREET, BALTIMORE, MAI	(YLAND 21201	
FOR STATE		74345	MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	H	01344
HEALTH DEPT.		CEASED-NAME First ype ar Pr nt)	Middle	Last	2a. DATE KNOWN 3- Mant	
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haurs Item 1 Office 1 and 2 after d	14 5	THER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FI		last
2 2 2 2		William	P. Stevens	Ali		Price
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TO DEPUTY necessary, F the funeral 5 may be r 10 FUNERAL Health price		NAME (Type) Beldon R.	Reap M il	MODBESS KAUGE OF		7,,
10 I	23a	BURIAL, CREMATION, 23b. DATE	23c NAME OF CEMI		3d. LOCATION (City or Town)	(Caunty) (State)
		REMOVAL (Specify) Jan. 2.	1060 Colcashum	V Lecorial Canata	Abingon	Harford 14
IH	24.	FUNERAL DIRECTOR	ADDRESS	250 RECO BY	REGISTRAR 25b REGISTRAR	'S SIGNATURE
VR A15ME (5)		Howard K. Conas	Son. Jin don.	2. 27 30 1 DATE LAN	1 n 1000 Och	ma ludar .

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.346 CERTIFICATE OF DEATH 01342 Last 2n. DATE OF DEATH 2b. HOURTO I. DECEASED-NAMÉ Eirst Middle Jarlonth (Type or print) Winn Varina Davis 8:30 M IF LINDER 1 YEAR IE LINDER 24 HRS 4 RACE S. DATE OF BIRTH 6. AGE (In years ours after 3. SEX DAYS last birthday) MONTHS June 13, 1881 Caucasian Female 9 COUNTY OF DEATH 7o BIRTHPLACE (Stote or Foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED | NEVER MARRIED | country) Virginia Montgomery papers WIDOWED PA DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR requires that the death certificate be executed within burial, crematian, ar remaval, and in any event, withi give street address) during most of working life, even if retired.) **INDUSTRY** Cross Hospital Silver Spring campletely 13a. LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY Montgomery Silver Spr. YES X NO 🗔 726 N. Belgrade Street omd 14 FATHER S NAME First Middle Last 15. MOTHER S MAIDEN NAME First William Hollowen Elizabeth Susan Raines John 16b. SOCIAL SECURITY NO. ressenten 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pot ar unknawn) (If yes give war or dates of service) Washington. None Vernon C APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burral-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate has been hed for use as the directar, page 3 shauld be detached tor use as the should be filed with the State Dept. af Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? NO 🔲 YES 🗀 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 121b. TIME OF INJURY OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Doy Year P.M. 21d. INJURY OCCURRED While Nat while at work 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State O FUNERAL DIRECTOR: After this 22a I certify that (I) (this hospital) attended the deceased fram , 1947, ta , 1967, that (I) (we) lost saw the deceased alive on 1967, and that in (my) (owe) apinion death occurred on the date and haur and from the couses stated above, (I) (we) (did not) view the body after death. 22c. DATE SIGNED 22h. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 9006 Colesville wen Spring 23d. LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stole) 23a BURIAL, CREMATION, BUREMOVA (Specify) Washington. Mt. Clivet Cemetery 1968 250 REC D BY REGISTRAR 256 REG STRAR S SIGNATURE Thomas VR A15 (4) 1968 DATE AN Inc. 30M REV 1/68 Pumphrey.

MAKYLAND STATE DEPAKIMENT OF HEALTH



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N: or or afte		210. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCURR	RED (Enter nature	of injury in Part 1 or Po	rt 2, Item 18.)	
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O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papershauld be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72.	ME		PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTORY E BUILDING, ETC.	21f LOCATION Street or	R.F.D. No.	City or Town	County	Stote
ING Dy therefore de	П	22a. I certify that (I) (t saw the deceased	nis haspital) attende	d the deceased	rom J H IV	_, 19/76],	10 NH1V 5	, 19 <u>964</u> , that (I) (we) last
TTEND bined b OR: Af cauld b	İ	causes stated abov	alive an 24. N u e, (I) (we) (did) (did	nat) view the bad	, and that in (my) (y after death.	(aur) apınian d	eath accurred an th		d fram the
OR A: OR A: DIRECT or e 3 sh ed with		22b SIGNATURE NELLONN	Frank	M.D.	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS	22c, DATE SIGNED	967
PITAL 4 may ERAL I		22d. PHYSICIAN'S NAME (Type)	-1AM F	RANK,M	D. 11125	Rock.	VILLE ILKE	: ROCKVILLE	E 111
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Health	230	BURIAL, CREMATION 23b. BUNGVALER Decify) 1,	DATE 17/68	23c NAME OF CEM Totuske	TERY OR CREMATORY y Cemetery	23d H <i>a</i>	LOCATION (City of Town) Aynsville	(County) Virgi	(State) nia
		FUNERAL DIRECTOR		ADDRESS		a. REC'D BY RECIS	PAR 1000 Pb. REGISTI	PAR'S SIGNATURE	
VR A15 (4) 30M REV. 1/68	1	yson Wheeler	Funeral Ho	me 1331	Rock Pike		2 1300 A	Cierles Jud	92
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, I	MAKTLAND STATE DEPARTMENT OF MEALTH	714ND 21201
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY CERTIFICATE OF DEATH	01344
	SED NAME F.sst Middle Lost 20. DATE OF D	
2 2	ar print)	Manth Day, Year
3		AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS.
7	F W 1-2-95	last birthday) YRS MONTHS DAYS HOURS MIN
7	HPLACE (Stape or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF D	EATH
	Va Amer, WIDOWED DIVORCED /Monta	OMPECA Md.
_ F	OR TOWN OF DEATH) 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital) 120 USUAL OCCUPATION (I) GIVE STREET address) COMA TARK 120 USUAL OCCUPATION (I) GIVE STREET address) COMA TARK LELLS & L.	e even if retired.) INDUSTRY
Ū	A. RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 36 INSIDE CTY JM. TS? 13e STRE	ET AND NUMBER
L	Tria. Mustgamery Durters a Me	918 - Penervillo Kd.
	ER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle' - last
-	S DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO/ 17 INFORMANT	20 Hodroes
	(1) go unknown) (1) gos give war or defres at service) Mr. Willie J. Wolfrey	29 Modres nencerviffe Kd. Burtonsville, H.
Г	CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 1/EMIA, crecke lee	e 4 2 days
	DUE TO, OR AS A CONSEQUENCE OF foliations, if only, which gove)	lure/
	e to immediate cause (a),	- 4 0000
1	1. 1551 (1) Abot surged melastesis	Cal galfbladdes
1	RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	IN PART 1(0)
ı	Wil Jun Cum To ON FU Many	ES, WERE FINDINGS CONSIDERED IN CERTIFYING
		F DEATH?
1	D. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury	en Port 1 or Part 2, Item 18.)
I	or contributing ☐ cause of death HOUR A.M. Month Day Year either, natify medical examiner) P.M. 19	
	hile Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r Tawn County State
1	vork of work of	they (1) they (1) they (1)
	a. I certify that (1) (this haspital) attended the deceased from from 1963, to saw the deceased alive on 1963, and that in (my) (aur) apinian death of	curred on the date and hour and from the
	causes stated abave (1) (we) (did) (did not) view the bady after death.	edocad by House W.
	o SIGNATURE Of R Spences MI) DEGREE PHYS DIRECTOR D	STAFF D 22c DATE STONED 1 PHYS. D 1-28-68
, [PHYSICIANS 228 ADDRESS	PHIS. [] / 2-0 Co
Ĺ	NAME (Type) John R. Spencer, M. BURTONSV	
1	RIAL CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MOVAL (Specify)	
\	HEAL DIRECTOR (187) ANDRESS 250 REC'D BY REGISTRAR	tonsville Mont. Md.
1	Les () I imphrey Inc. Silver spring Md. DATE CB 1 196	
	Control of the Contro	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31343 01345 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O COUNTY o STATE b. COUNTY MARYLAND outannery b CITY OR TOWN (if putside corporate irm ts c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) NSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC paper ON A FARM? requires that the death certificate be executing within 24 crematian, ar remayal, and in any event, within remave carban 3 NAME OF DECEASED OF DEATH (Type or print) S SEX 6 COLOR OR RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** Jast birthdoy) Months Doys WIDOWED DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physician a during most of working life, even if whired) INDUSTRY COUNTRY 2 DITGINIZ 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME aftending phys 15. WAS DECPASED EVER IN U.S ARMED FORCES? 46 SOCIAL SECURITY NO (Yes, no, prunknown) (If yes give war or dates at service) IB CAUSE OF DEATH (Enter only one couse per line for (a), (b) one (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p burial, crematii PASET AND DEATH IMMEDIATE CAUSE (o) by the naspital ar attending physician DUE TO Conditions if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse ed far use as the b af Health priar tab certificate has been last. 2 🕏 PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO JHE TERMINAL DISEASE COND TON GIVEN IN PART 1(0) 19 WAS AUTOPS 1 PERFORMED? (21 Dirhetes Mellitur askell Type NO. YES 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB) OR CONTRIBUTING CAUSE OF DEATH be detached State Dept af (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TiME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour om factory street, office bldg , etc.) Nat While O HOSPITAL OR ATTENDING Page 4 may be retained by the IO FUNERAL DIRECTOR: After at work 1967 to 1-20 1968, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1/-19 6 8, and that death accurred at 722 M, fram causes and an the date stated abave. 1- 20 saw the deceased alive an 220 SIGNATURE 7 22b DATE SIGNED MD DIRECTOR director, page shauld be filed 22c PHYS CIAN S 22d ADDRESS NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb REG STRARS SIGNATURE 2So RECD BY Marley VR A15 (4) 25M 1/67



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13-		DIVISION OF VII		PRESTON STREET, BALTIM	UKE, MAKYLAND 21201	12 A 12 A 12
		(seore	CERTIF	ICATE OF DEATH		01346
# 20E	1 00	CEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
	(1	ype or print) George	7 Mhur	Worth .	January Month 26	19 68 8 AM
E 124	3. SE		71.17114.1	S. DATE OF BIRTH	6 AGE (In years If	JNOER I YEAR F JNDER 24 HRS
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F F F	70 F	IRTHPLACE (State or foreign 75. CITIZEN OF WHAT C			COUNTY OF DEATH	
2 E 22	cour	New Vock U.S.	WIDOWE	D KULLEK MAKKIED	Montgomer	
ed ed	10.0		OF HOSPITAL OR INSTITUTION (I		OCCUPATION (Kind of Work done	125 KIND OF BUSINESS OR D
xecuted within 24 completely filled nove carbon pape by event, within 77		give street	oddress)	The House of the H	of work ng life, even if retired)	INDUSTRY INDUSTRY
wit w v	10		hington Dar	itarium 7 CHE	domes Larson	Heres prebuch
pple car	odmi	USUAL RESIDENCE (Where deceosed lived, if institution. 135 COUNTY				Apt. 921
com com		Maryland Mont		PARCE	- 8311 COTCSVI	He Road.
and compreements only even	14. f	ATHER S NAME First Middle	Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Lost
be n air		Arthur	Worth	Edn	a	Foote
ertificote be physicion c nen please oval, ond in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? ES, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17	. INFORMANT	Address	
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g p The		1B. CAUSE OF DEATH (Enter only one cause per line fo	(a) (b), and (c).)	. 1.	20 2 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth cer e ottending p permit. The		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	mti M	wolatola	Vallaget	HOORS
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the o		Conditions, if ony, which gove)	a send	ablata -	PINIAN	VRS-
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uire hysi gne gne rria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH RUT NOT RELATED	TO THE TERMINAL DISEASE OR COM	DITION GIVEN IN PART 1(a)	
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din din	NOI	190, DATE OF OPERATION 196, CONDITION FOR WHICH C	DEDATION WAS DEDECOMED	20o. AUTOPSY?	206 IF YES, WERE FINDINGS CONS	INERED IN CERTIFYING
The In offer offer has I has I has I	CERTIFICATION	THE SALE OF STEAMENT OF WHICH C	TERRITOR TRATER ORDED	YES NO I	CAUSES OF DEATH?	NOCKED IN CERTIFICATION
T S S S S S S S S S S S S S S S S S S S	ERTI	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJ	IDV 21.		ture of injury in Port 1 or Port 2, Item	. 101
FHYSICEN: b hospital or is certificate tached for u	3	TOR CONTRIBUTING TI CAUSE OF DEATH HOUR A.M. M.	onth Doy Yeor	HOW INJURY OCCURRED (Enter no	nure of injury in Port 1 of Pon 2, then	n 16.j
SIC SPITE SP	WED I	(If either, notify medical examiner) P.M.	19			
FRYSICE e hospitol e hospitol his certific rached fo Dept. of H	~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT H	E BUILDING, ETC 211.	LOCATION Street or R.F.D. No.	City or Town	County Stote
det he D		While Not while (OFFI		11		
be Start		220. I certify that (I) (this hospital) attended saw the deceased alive on	the deceased from	1966	2, ta / //s , 196	🛣 , that (I) (we) lost
ENE Ped		couses stated abave, (I) (we) (did) (old	not) view the body ofte	ina mavin (my) (our) opinic ordeath	in agoin occurred on the date	and nour ond from the
1 in		22b SIGNATURE	Treaty view interbody one	. douti.	22c D&1	E SIGNED
OR ATTENDIM De retained by DIRECTOR: Afte ed 3 should be ed with the Sta		1 Subject 14	XILIV NAMEDI	GREE PHYS DIRE	C STAFF C	126 1801
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Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	E2.	BURAL REMATION, 236 DATE	1920 NAME AD CEMETERY	OD CDEMATORY I	3d. 10EATION (City of Town)	(County) ((State)
Age Sage	(20)	REMOVAL (Specify)	23c NAME OF CEMETERY	JR_CKEMATURT	Manager (City by town)	1 14 7/1/
5-5	24	FUNERAL DIRECTOR	ADDRESS	250 BEC'D DY D	EGISTRAR 255. REGISTRARS SIG	MMIRE JAG
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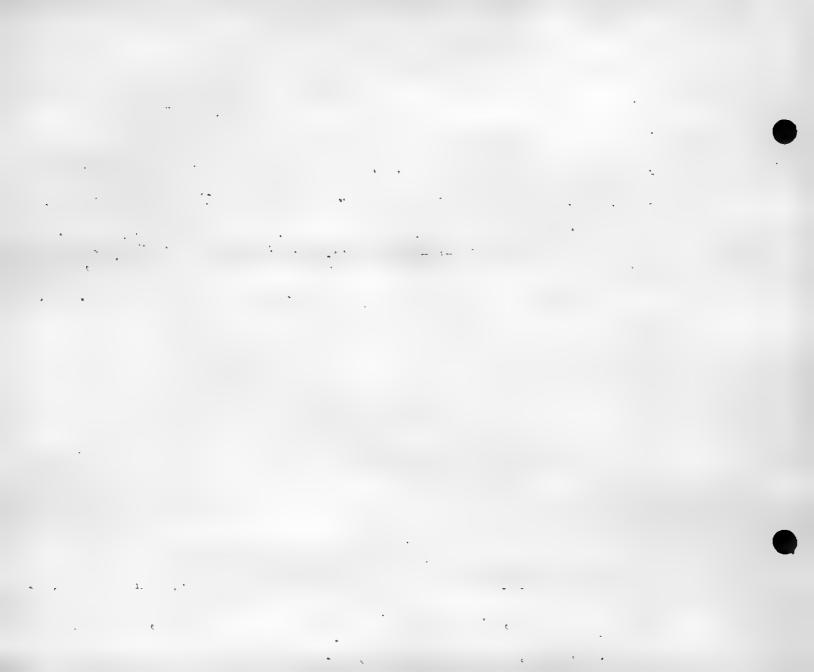


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admission)		d	13b Countion	an, kesidence bero	Jakoma			8704 Bar		treet
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Yes, no.		U.S. ARMED (If yes give wor or o		16b. SOCIAL SECURO		ORMANT Ather			ddress / 4 Bak	REONST PA
18. C	CAUSE OF DEATH	(Enter only or	ne couse per lin	e for (a), (b), and			1-			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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Candi	itions, if any, wh	ich nave i	DUE TO, OR A	S A CONSEQUENCE)F					
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Įs	2 OTHER SIGNIF	ICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	HE TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PART 1(a))	
190. D	DATE OF OPERATIO	N 19b. CON	DITION FOR WHI	CH OPERATION WAS	PERFORMED	20a. AUTOPSY?		206 IF YES, WERE FIN	NDINGS CONSID	DERED IN CERTIFYING
E L							ио 🔀	CAUSES OF DEATH?		
₹ □ OR	ACCIDENT WAS U CONTRIBUTING CA ther, natify medic	AUSE OF CEATH	216 TIME OF HOUR A.M. P.M.	Manth Day Ye	21c. HOV ar 19	INJURY OCCURRED	(Enter noture	of in _s ury in Port 1 or	Port 2, Item	18.)
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	couses stote	eased alive dobove, (/	on	(did not) view th	=19 <u>~ </u>	that in (my) (ou ath.	ır) apinian c	death accurred an	the date o	nd hour and from t
226. 5	SIGNATURE	414h	lar	nond	Med DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c DATE	SIGNED 13-68
	PHYSICIAN'S NAME (Type)	N.H	DIAI	MOND		22e. ADDRESS	1-5	ILVER	SPRIA	UG AVE
	AL, CREMITION,	23b. DATE		23c. NAME (OF CEMETERY OR C	REMATORY	23d.	LOCATION (City or Tox	wn) (Co	ounty) (State)
Dur	ALC (Specify)	Jan 1	15,1968		lk Cree	e Cemeter	zy	Elk Creek		Virgini
24 PHINES	ACDIABOUR C	ylen umbrei	Carter	84 34 ADDRI	ss ya. H	Jenne 250.	REC'D BY REGIS	Elk Creek STRAR 25b. REG 8 1968	OCCLOSE	ATURE
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. 34		11358		301 W. PRESTON STREET, BA		
/ .		72000		CERTIFICATE OF DEATH		01348
± -31±m	1 D	CEASED NAME First	Middle	Lost	2a. DATE OF DEATH	Lah Maila
death death	- (1	ype or print) Jam	es Arnold	Wyatt	Thouary 1	14 1968 829 M
275	3. SI	Х	4 RACE	S DATE OF BIRTH	6. AGE (In years last birthday)	1F UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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24 hours ad in the spers. Report 72 hours	7a. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🖾 NEVER MARRIED 🗍	9 COUNTY OF DEATH	
24 in per no 72	4	lest Virginia	American	WIDOWED DIVORCED	Montgomery	Md
u E E A		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street address)	during	SUAL OCCUPATION (Kind of work done most of working life, even if retired)	
writ writ writ writ writer had not be writer had		CHAI PECIDENCE (Whose doces	sed lived, if institution: Residence before	anitarium & Hospital	most of working life, even if retired) Soles man 136. STREET AND NUMBER	rincomorties
uted mple e cc	adm	issian STATE	1 10k - COUNTY		NO 910 Novah	10 AT
d cal		ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Last
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ate iciar leos and	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? Neor or dottes all service) 16b, SOC AL SECURITY 17 - 14 - 74	17 HEADINES	ren Wyatt 910 Addingsau	Taboe Drive
he law requires that the death certificate be executed within 24 hours afterding physician. has been signed by the attending physician and campletely filled in by the east the burial-transit permit. Then please remave carban papers. Pages h prior to burial, crematian, ar removal, and in any event, within 72 hours after the burial.		es, na, ar unknawn) (If yes give	ENOR OF GOING OF COLOR) Complete for the contraction of the contraction o	ren Wyatt 910 ddwau Ecords Lanaley	Park, Marland
The magnetic services and the magnetic services are the magnetic servi		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c)	1 1		APPRÖXIMATE INTERVAL BETWEEN DISSET AND DEATH
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AN: ol ar cate for u	3	21g. ACCIDENT WAS UNDERLYING	NG 21b. TIME OF INJURY HOUR A.M. Manth Day Year		iter nature of injury in Part 1 or Part 2,	Item 18.)
SIC.	MED.C	DR CONTRIBUTING CAUSE OF DEA	ner) P.M. 1	9		
DING PHYSICIAN: The law raby the haspital ar attending lifer this certificate has been be detached for use as the State Dept. of Health prior to	2	21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY) 21f LOCATION Street or R.F.D. I	No. City or Town	County State
the det		at wark at wark	So booked) - seconded she decea	ad from 1//a 10	68, to 1/19, 19) /a (/ that /l) /wa\ last
DINA J by Affer J be		snw the deceased o	Fis-hospital) attended the deceas	1968, and that in (my) (aur) a	pinian death accurred an the d	7_68, that (I) (we) last ate and have and from the
OR ATTENDING be retained by th DIRECTOR: After t g 3 shauld be de ed with the State		causes stated abov	e, (I) (we) (did) (did not) view the	bady after death.		
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L OR be r DIRE		22d. PHYSICIAN'S	weg a drux	DEGREE PHYS 22e, ADDRESS	DIRECTOR L PHYS. L	120/00
PITA mar ERAL		NAME (Type) Hazol	d B.Didler	8402 gen	iton Street, Silve	r Spring, Md.
Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heali	230.			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
55 5 g & (an 22, 1968 Cedar	Hill Cemetery	Suitland Ma	ryland
VR A15 (4)	26	SUNFRAL DIRECTOR		rgia Ave. 250. RECT	BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE
30M REV 1/68 🛬	111	uner E. Pumph	reu. Inc. Silver Si	oring Md. DATE OF	11 60 100p A	La Roman

MAKTLANU SIAIE DEPAKIMENI OF HEALIH



V 1 :41	13	2 25	: DIVISION (KRIMENT OF LSTREET, BAL	HEALTH TIMORE, MARY	LAND 21201		^ •	
FOR STATES		1100.						OF DEATH			013	49
HEALTH DEPT.		ECEASED NAME Type or Print)	First		Midd		Last		2a DATE KNOW	VN Manth	Day	Year 2b. HOUR
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ny delay is 1, 2, and 3 to m PM3. Page Department of	3 S		Whitex *	S DATE OF BIR	1885	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN	2c DATE PRONO Month	DUNCED DEAD	Year	2d HOUR
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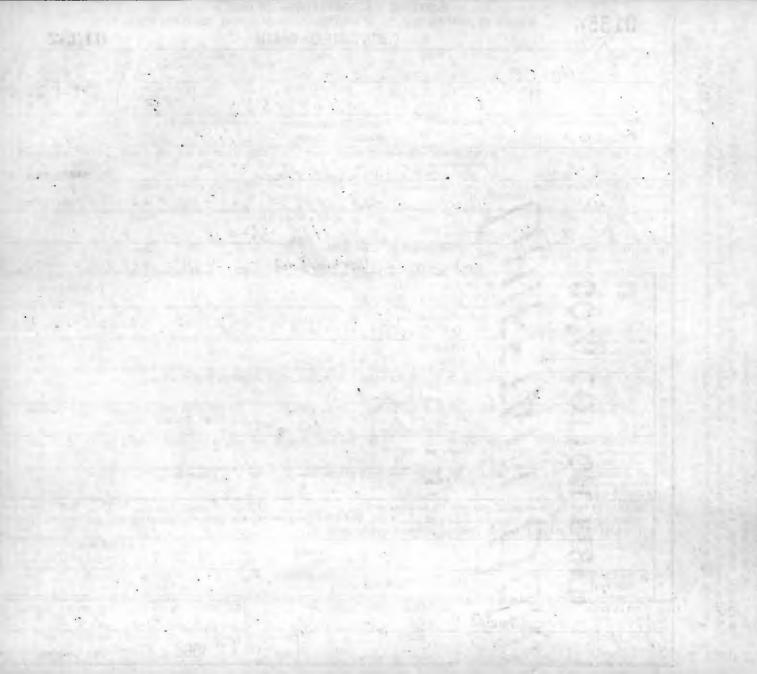
MAKTLAND STATE DEPAKTMENT OF HEALTH 31354 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01350 DECEASED-NAME First Last 20. DATE OF DEATH O. 2b. HOUR deoth. by the ottending physician and completely filled in by fnewformeral transit permit. Then please remove carbon papers. Pages I and 2 cremation, or removal, and in any event, within 72 hours after death. (Type or print) CATHERINE YOUNG Month NNA Dov JANUARY 3. SEX 4 RACE 1F LINDER 1 YEAR after 5. DATE OF BIRTH 6. AGE (In veors White DAYS last birthdoy) MONTHS KOURS Female 8-28-9 YRS. requires that the death certificate be executed within 24 hours 7b CIT-ZEN OF WHAT COUNTRY? 7a. 81RTHPLACE (State or fareign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) New York US.A. Mont domery WIDOWED X DIVORCED [13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR asnington San. & Hospital during mpsi of working life, even if retired) give street address) INDUSTRY Takoma Park AT HUMFE 130 USUAL RESIDENCE (Where deceased lived of institution Residence before 1)3c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 136 COUNTY Montgomery Takoma Park YES 8302 Flower Avenue NO T 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Lost Mureka Valaitis Matthew Catherine 17. INFORMANT RELOTEDS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no or unknown) 220-54-0394 Wash. San, & Hosp. Tikoma 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ACUTE COROMARY INSUFFICIENCY signed by the o buriol transit per burial, crematio Canditions, if any, which gave) DRSTRYCTION NTESTINAL WEEK rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CARCINOMA RECTYM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been see as director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to ABOVE b. R C . 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? INTESTIMAL ORSTRUCTION YES 🗀 NO I O FUNERAL DIRECTOR: After this certificate Poge 4 moy be retoined by the haspital or 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. IN. JRY OCCURRED City or Tawn County Stote While Nat while of wark 22a. I **certify** that (I) (this hospital) attended the deceased from 1-12-6819 saw the deceased alive an 1968, and that in (my) (aur) are causes stated abave (II) (was dish) (did not) view the body after death 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the DR REAP AMINER. 276_SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR 22d PHYSICIAN'S / NAME (Type) 22e. ADDRESS 800 DWIGHT Sm PERSHING VER SPRING 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 235. DATE 231 NAME OF GEMETERY OR CREMATORY (County) (Stote) middle Village, 25o. REC'D BY REGISTRAR 24 FUNERA, DIRECTOR VR A15 (4) 30M REV 1/68 DATEJAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01351 CERTIFICATE OF DEATH Middle Lost 1. DECEASED NAME First 20 DATE OF DEATH 2b HOUR the fun ra and, (Type or print) Charles Month Young 1968 Jan 3. SEX A RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost buthdoy) DAYS MONTHS white male by the attending physician and campletely filled in by the ransit permit. Then please remaye carbon papers. Pages 5-29-1891 7e BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hour 8. MARRIED NEVER MARRIED washington, D.C. U.S.A. WIDOWED [77] DIVORCED [Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
6202 Wedgewood Road during most of working life, even if retired.) INDUSTRY Bethesda Laundry 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Montgomery 6202 Wedgewood Road YES IX NO F Bethesda in any Middle 14. FATHER S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Unknown UnknRan 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) 579-01-6325 Clara W. Young - See Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse list. LERUY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED AN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO [far use YES | be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County Stote While Not while of work 220. I certify that (I) (this hespital) attended the deceased from 1966, to 15, 1968, that (I) (we) last saw the deceased alive an 15, 1968, and thot in (my) (ove) opinion death occurred on the date and hour and from the causes stated above, (I) (vie) (did) (decent) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page should be filed PHYS DIRECTOR 22e ADDRESS PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOMAL (Specify) 1#18-1968 Columbia Gardens Cemetery Arlington, Va. 24 JUNEAU DIRECTOR Joseph Gawler's Sons, Inc. VR A15 (4) 30M REV, 1/68



	1		MARYLAND STATE DEPARTMENT OF HEALTH						
1		01356	DIVISION OF VITAL RECOR		BALTIMORE, MARYLAND 2120				
-				CERTIFICATE OF DEA		01352			
		(CEASED-NAME First ype or print)	Middle	Last	2o. DATE OF DEATH Month	Day Year 2b. HOUR			
EN.		11101	CR15	LIPKEN	1 -	8 - 68 / A.			
	3. SE	m	4. RACE	5. DATE OF BIRTH	898 (In years last hirshapy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN.			
hin 72 hou	7o. I	BIRTHPLACE Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 19 NEVER MARRIED WIDOWED DIVORCED		onery m			
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event,		USUAL RESIDENCE (Where deceased issian) STATE	lived, if institution: Residence be		IDE CITY LIMITS? 13e. STREET AND NUMBER	ASHINGTON FUE			
l, ond in any	14. D	ATHER'S NAME First QVI d ZIP	Middle Lo Ken	is. MOTHER'S MAIDEN I	NAME First Middle Krall	e lost			
removol, onc		WAS DECEASED EVER IN U.S. ARMER es, no, ar unknown) (If yes give war	D FORCES? Or dates of service) 16b. SOCIAL SECU	RITYNO. 17. INFORMANT Ada	Addres = Zipken(wife				
5		18. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH			
-		PART I. DEATH WAS CAUSED I	BY: SEPTICE	_		3 days			
in the state of th		342x	DUE TO, OR AS A CONSEQUENCE	OF ;	Λ	4. 100			
		Conditions, if any, which gove	m Wult	ble decupya	s weers	1 wan is			
		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS, A CONSEQUENC	EOF D 1		16 4 00.0			
		last. 350 %	10 Advance	& Partinsonis	m	10 years			
		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISE	1,				
	3	(1/62/08	claratic L	reast diseas	\$				
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	INDITION FOR WHICH OPERATION W.		NO CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part I or Par	1 2, Item 18.)			
	MEDICAL	(If either, notify medical examine	r) P.M.	19					
	M	at work		et, factory.) 21f. LOCATION Street or R.		County Stote			
		22a. I certify that (I) (this	hospital) attended the dec	eased fram	, 19 <i>50</i> , ta, or) opinian death accurred an the	19.00 , that (I) (we) la			
		saw the deceased aliv	ve on (a) (did not) view	IY (E.S., and that in (my) (or the hady after death.	or) opinian death accurred an the	e date and hour and from th			
		22b. SIGNATURE	(1) (We) (ala) (ala 1/07) view	and dealy area admin		22c. DATE SIGNED			
		Storm	/ feel	DEGREE PHYS.	DIRECTOR PHYS.	1-8-68			
No. of Concession, Name of Street, or other parts of the Concession, Name of Street, or other parts of the Concession, Name of	-	22d. PHYSICIAN'S: Jaso	n GEVGER	mid 22e. ADDRESS	STEVER SPRING	PRIVE.			
	23a.	BURIAL, CREMATION, 23b. DA	TE 23c. NAM	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
	B	REMOVAL (Specify)	10-68 Mas	h. Hebrew Cong. C	em. Washington	D.C.			
68		FUNERAL DIRECTOR Ernard Hinzans	Ky and sons	ZSo.		ear's SIGNATURE			
9		531-1496 St. N.L	Vol Washington	D.C. 20010 DATE	TO 1000	The years			



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F7	1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04000
1			01357 CERTIFICATE OF DEATH	01353
	. 4.1	1 B	DECEASED-NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
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	be executed within 24 hours offer and completely filled-rift by the full remove carbon papers. Tage I in any event, within 72 hours after	15.	ILUER SPRING give street oddress) ROSS HOSPITAL Retired Accountant	26. KIND OF BUSINESS OR NOUSTRY MERICAN at 4 Red Cro
	completely ove carbor y event, will	13a.	USUAL RESIDENCE (Where deceased lived it institution: Secidence before 113c CITY OF TOWN 113d INSIDE CITY UNITS? 112e STREET AND NUMBER	ar to hear the
	ver c	adm	nission) STATE 13b COUNTY	10 PA
	000		MARYLAND MONTGOMERY PINVERSPRING TO 806 STERLIN	16 101
	Week &	14. 1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
	3 5 E		Jerry Zollo Unknown	
	# 588 # W	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT	a Road
	\$ 20 N	1	(It yes gove war or dates of service) 511-01-7834 Mrs. Edith 9. Zollo Silver Spri	MI
	ne death certificate be execute ottending physicion and compermit. Then please remove ion, or removal, and in any events.	H	THE THE PARTY OF T	APPROXIMATE INTERVAL
	- SE E	1	1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	and ind	1	PART I. DEATH WAS CROSED OF: JAMMEDIATE CAUSE (a) CONCUMBER OF THE CONCU	Queens.
	die die		DUE TO, OR AS A CONSEQUENCE OF	77
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	low ndii	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
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	# 5 4 8 # . Z	- E		
	HYSICIAN: hospital or certificate for upt. of Heal	3	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M. Manth Day Year	18.)
	日音書名 3	MEDICAL	Iff either, notify medical examiner) P.M. 19	
	YS es es es	N.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. NO. City or Town	ounty State
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	N S S S S		ATTENDING MED. STAFF	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician director, page 3 should be detached for use as the buriol-transit permit. Then please should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (State)
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